

Please complete ALL fields.

New Student ☐

Temp ID ☐

Personal Information (Please write in BLOCK Capitals)	
EBS SID # (Continuing students)	SBCS ID #
Title: First Name:	Surname:
Date of Birth: (dd/mm/yyyy)	Mobile Phone:
Home Phone:	Business Phone:
Primary E-Mail:	Alternative E-Mail:
Mailing Address:	
Company Name:	Job Title:

Tuition is Available for Subjects in Bold

Tick (✓) Subject(s) for the July – December 2019 semester

Stage 1

<u>Core Courses</u>	<u>Elective Course</u>
Marketing	Quantitative Methods
Consumer Behaviour	

Stage 2

<u>Core Courses</u>	<u>Elective Course</u>
Marketing Insights	Negotiation
Marketing Communications	

Stage 3

<u>Core Course</u>	<u>Elective Courses</u>
International Marketing	Marketing Channels
	Principles of Retailing
	Research Methods for Bus. & Mgt
	Sales Force Management
	Services Marketing

EXEMPTIONS: I hereby agree that if I purchase a Course for which I may be granted an exemption, I will **not** receive a refund.

DECLARATION: By signing this form, I agree to the following; (1) To the exemption clause above (2) My information may be shared with EBS (3) My email address may be shared for Educational purposes (4) That the above information is accurate.

Sign: _____

Date: _____

CRN:	CRN:	CRN:
Stock #:	Stock #:	Stock #:

DEBTOR'S DECLARATION

I confirm that, I (Name) _____

Of (Address) _____

I.D.#: ☐ _____ P.P.#: ☐ _____ SBCS ID # _____

have a balance outstanding to SBCS Ltd. of \$ _____ as at _____.
(TOTAL DUE – AMOUNT PAID) (CURRENT DATE)

- PAYMENT PLAN:** I agree to pay the amount of \$ _____ by _____
\$ _____ by _____
\$ _____ by _____
\$ _____ by _____
- GATE STUDENTS:** I agree to pay the amount of \$ _____ within one month of
(50% TUITION BALANCE)
notification by SBCS Ltd.
- Request for refunds** must be made within four weeks of the start of classes, no refund is granted after four weeks.
- Payment plans** carry a \$500.00 processing fee. A 15% penalty charge will be applicable to installments not paid on the agreed due date without prior approval from Management.
- Dress Code | Conduct | 'No I.D. No Entry' Policy:** I understand that these policies are in effect and I am aware that any violation of these codes can result in expulsion without a refund.

Payment Details: Linx \$ _____ Cheque \$ _____ | Bank / Chq # _____

Credit Card \$ _____ Credit Note \$ _____ | Credit Note # _____

Received by: _____ **Receipt #:** CEC _____ **Date:** ____/____/____
DD MM YYYY

Please indicate by your signature below that you have agreed to all of the above.

SIGNATURE: _____

DATE: ____/____/____
DD MM YYYY

WITNESS: _____

DATE: ____/____/____
DD MM YYYY