Choice of Study Options
Please tick the appropriate box

Level I

	Students	Public
Level I Classroom Training		S$2,300 ☐
Level I Mock Exam & Review	S$200* ☐	S$ 350 ☐
Schweser Study Notes	S$300* ☐	S$ 450 ☐

Level II

	Students	Public
Level II Classroom Training		S$2,300 ☐
Level II Mock Exam & Review	S$300* ☐	S$ 450 ☐
Schweser Study Notes	S$300* ☐	S$ 450 ☐

* Only for students enrolled on Classroom Training

Kaplan Schweser Study Solutions
Please tick the appropriate box

Choose Your Level:

Level I ☐ Level II ☐

Package - Premium Solution	S$1,200 ☐
Package - Essential Solution	S$ 680 ☐
Final Review Package	S$ 120 ☐

Individual Products

CAIA® Fundamentals	S$ 160 ☐
Weekly Online Program	S$1,100 ☐
Schweser Study Notes	S$ 450 ☐
Flashcards	S$ 240 ☐
SchweserPro™ QBank	S$ 400 ☐
Schweser's QuickSheet™	S$ 80 ☐

Shipping

Subtotal	S$1 - S$500	S$501 - S$990	S$991 & Over
Self-collection		Free	
Singapore	S$20	S$30	S$40
All Others	S$85	S$105	S$125
Subtotal:		S$	
Shipping:		S$	
GST (Singapore):		S$	
Total Cost:		S$	

Collected By: _____

Date: D D M M Y Y

Signature: _____

Mode of Payment:

☐ Cash ☐ Nets ☐ Visa/Mastercard

☐ Cheque No.: _____
Payable to "Kaplan Financial (S) Pte Ltd"

Student Access Card: ☐ Yes ☐ No

FOR OFFICIAL USE ONLY

Receipt No.: _____

Date: D D M M Y Y

Attended By: _____

Collected: ☐ Yes ☐ No ☐ Partial

Items Collected: _____

Activation Date: D D M M Y Y

Activated by: _____

DISCOUNTS: _____

CAIA®

Course Registration Form

CAIA® Registration No.:

*Name (Mr/Mrs/Miss) as in Passport:

Date of Birth: D D M M Y Y

NRIC/Passport No.:

Local Address:

Postal Code:

Nationality:

Job Title: _____

Tel: (H/O) *Tel: (HP)

*Email: _____

EMPLOYER DETAILS

Company Name:

HR/Training Manager's Name:

Office Address:

Postal Code:

Tel: (H/O)

Email: _____

INVOICING DETAILS

Name:

Job Title: _____ Department: _____

Billing Address:

Postal Code:

SPONSORED STUDENTS: EMPLOYER'S AUTHORISATION

If your employer is responsible for the payment of amounts, please complete the following:

As employer of the student for whom this form is completed, we are responsible for payment of amounts due on receipt of the invoice and undertake to inform you in writing of any change to this arrangement. We understand that we are fully responsible for the payment of amounts due in all circumstances (including termination of employment or course cancellation).

Signature: _____ Name: _____

Job Title: _____ Department: _____

TERMS & CONDITIONS

- Enrolment will only be recognised upon receipt of payment
- All fees quoted are in Singapore dollars
- All fees quoted are exclusive of GST unless otherwise stated
- Course fees must be paid in full
- No refund / exchange of products is allowed
- After enrolment, any transfer of class will be subject to seats availability
- Should a student wish to withdraw from the course (written notice must be given):
  - 10 working days prior to commencement of course: full refund will be given, subject to S$200 admin fee
  - Less than 10 working days prior to commencement of course: No refund will be given
- Full payment of fees must be made before a student account is created, upon approval within 5 working days. All fees paid are non-refundable or transferable
- The student shall take all measures to protect the secrecy of his UserID and/or password and shall not reveal the same to any other person(s). UserID is non-transferable
- Kaplan Financial withhold the rights to suspend the training program in the event that any monies payable by the student is not settled in full, or any breach by the student
- Full details of enrollment / refund policy can be found in Kaplan Financial Student Handbook
- Kaplan Financial reserves the right to vary, amend or discontinue any or all of the discounts as it deems appropriate
- Kaplan Financial reserves the right to vary or cancel any of the courses described on this form and in the course brochure, or alter the composition of the relevant lecturing team as well as the venue for lecturers should the circumstances so require

I agree to the terms and conditions stipulated above.

Signature: _____ Date: D D M M Y Y

* Mandatory field required for online activation.

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