# **Student Application Form- Local**

- 143 Cecil Street, GB Building, #23-00, Singapore 069542 Telephone: (65) 6580 7700 Fax: (65) 6438 2478 Email: info@LSBF.edu.sg										
New Application to LSBF		s	<b>3</b> 1	Т	0					
□ Existing Student of LSBF	LSBF Student ID:	3	, ,		0					
Student Acknowledgement on Pre-Course Counselling							_			
PART A: PROGRAMME & SCHOOL INFORMATION						<b>√ DONE</b>		IE		
School Information: Location, Facilities, Infrastructure, Accreditations, and Affiliation	ns							L		
Course Information: Name of Award, Awarding Body, Course Structure, Intake, Dura	ation, Modules, Outline, and P	Pathy	way					L		
Course Entry Requirements and Enrolment Process								L		
Counselling & Student Support Services								L		
PART B: FEES PAYABLE AND PAYMENT METHODS								√ <b>r</b>	DON	IE
Tuition fees, Non-tuition fees, and any other relevant fess payable to London School of Business and Finance (LSBF), Singapore					L					
Payment modes and Methods acceptable, instalment plans where applicable, and the	nat all payments must be mad	de to	LSBF	; on	ıly			L		
Advisory Note and Student Contract has to be signed and dated before the paymen	t can be made							L		
PART C: STUDENT CONTRACT AND FEE PROTECTION SCHEME								√ r	DON	JE
Terms & Conditions stated in the student contract have been explained and fully un	derstood by the student.							L		
The Fee Protection Scheme (FPS) that LSBF has in place for students. Students enroll	led into LSBF are covered und	Jer L	ONPA	۱Ci	nsu	rance	e.			
FPS covers only tuition fee excluding GST. A copy of Certificate of Insurance (COI) wi	II be sent to the students.									
PART D: MEDICAL INSURANCE DECLARATION								√ r	DON	١E
Student has been briefed on the SSG Medical Insurance requirements and it has been fully understood by student.										
Student has been briefed on the exemptions from Medical Insurance and will be req	uired to sign the declaration.	•								
PART E: SKILLSFUTURE SINGAPORE (SSG)								√ r	DON	١E
Student has been briefed about SSG. SkillsFuture Singapore (SSG) drives and coordin movement, promotes a culture and holistic system of lifelong learning through the pecosystem of quality education and training in Singapore.						sFutu	ure			
For more information, please visit the SSG website at <u>https://www.tpgateway.gov.spinstitutions-(peis)</u>	g/resources/information-for-	priva	<u>ate-ec</u>	<u>duc</u>	atio	<u>n-</u>				
PART F: WITHDRAWAL / REFUND / TRANSFER POLICY AND PROCEDURE							√ r	DON	JE	
LSBF Refund Policy and Procedure have been explained and fully understood by the	student							L		
LSBF Transfer / Withdrawal Policy and Procedure have been explained and fully und	erstood by the student							L		
For more detailed information on Withdrawal/ Refund/ Transfer Policy and Procedu Withdrawal, Transfer & Refunds   LSBF Singapore Campus	re, please visit LSBF website a	at:		_	_				_	
Declaration – Student / Parent or Guardian (if student is below legal age)	Declara	ition	- <b>LS</b>	BF	Sta	ff				
I acknowledge that I have been briefed on above during pre-course counselling, and I understand its contents and my rights.		hereby acknowledge that I have covered the above information my pre-course counselling to the student.								
Name of student / Parent or Guardian:	Name:									-
Signature of student / Parent or Guardian: Signature: Signature:						-				
Date: Date:										

# CONFIDENTIAL

## **PERSONAL INFORMATION** (all fields **MUST** be completed in full and in **BLOCK** Letters)

Title	
Full Name as in NRIC (Please underline surname)	
Date of Birth	Day: Month: Year:
Gender	□ Male □ Female
Nationality	NRIC/FIN No
Highest Qualification	□ N level □ O level □ A level □ Certificate □ Polytechnic Diploma □ Bachelor Degree □ Masters □ Professional Qualification □ Others
Programme Enrolled for	
Current status in Singapore	Singapore Citizen Permanent Resident (PR) S Pass   Employment Pass (EP) Work Permit (WP) Others:
Address in Singapore	Postal Code:
Name of Company (Optional)	
Telephone (Home)	(Office) (Mobile)
E-mail (in BLOCK Letters)	
How did you hear about LSBF in \$	Singapore?
Social Media  Friends	□ Internet Ads □ Agents □ Existing students □ Others: Please specify

#### **Confidentiality Clause:**

All personal data and information provided by the students to the college shall be kept strictly confidential and used solely for communicating with student. Every effort shall be made to ensure that the integrity of personal particulars and confidential information entrusted to the institute is not disclosed unless required by government authorities.

### **Declaration of Medical Insurance**

#### Opt - In

Opt - Out

I do not have any Medical Insurance coverage and wish to opt in with London School of Business & Finance I understand that there is a fee of S\$70 payable by opting in into the medical insurance scheme provided by London School of Business & Finance.

LSBF reserves the right to vary, amend the fee scale or discontinue any or all of the discounts as it deems appropriate. We reserve the right to cancel or reschedule classes due to low enrollment. Such decisions are made three business days prior to the class begin date. If a course is rescheduled for any reason, those registered will be contacted to verify availability for the rescheduled date. If those registered are not available for the rescheduled class date, tuition fee will be refunded in full. If the class is cancelled, tuition fee will be refunded in full.

Before signing this Enrolment Form, students are reminded to ensure that they have clearly understood all the terms of their enrolment with London School of Business & Finance, in particular clauses concerning refunds, deferments, waivers, course transfers and all other polices and procedure explained during precourse counselling and signing of student contract (if applicable). Be aware that incomplete information in the 'Application Form' will result in processing delays.

# **CONFIDENTIAL**



#### **Declaration by Applicant:**

□ I hereby agree that LSBF may disclose my personal data to academic and administration staff and where necessary to external institutions or partners for administration of applications and for any purpose within the legitimate interest of LSBF relating to the administration or conduct of the programme (including processing, compilation of statistics and assessment of applications).

□ I hereby agree that LSBF may use my quotes, photograph and/ or my name for any advertisements, brochures or promotional activities for the school.

□ I hereby consent to allow LSBF and its representatives to contact me for providing marketing and promotional information relating to programmes offered by LSBF which LSBF believes may be of interest or benefit to me whether such programme and / or services exist now or are created in future via Phone call 🗆 Email

SMS / MMS / Text

Date

Student's Signature\_

About Your Education Consultant	5 Strongly Agree	4 Agree	3 Neutral	2 Disagree	1 Strongly Disagree
Education Consultant explained to me of the fees payable for the course thoroughly.					
Education Consultant was knowledgeable about the course details.					
I am satisfied with the pre-course counselling given to me.					

## FOR OFFICIAL USE ONLY

#### Admission Officer

Approved by HEAD OF DEPARTMENT

Date

Date

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