

For Office Use:  
Student Identity Number



**The Chartered  
Institute of Logistics  
and Transport**

1 Fitzwilliam Place, Dublin 2. Tel: (01) 6763188. Email: info@cilt.ie

## Advanced Certificate in Logistics and Supply Chain Management Course Year One Application Form

**Please complete your details fully on this form in BLOCK CAPITALS only**

**First Name:** \_\_\_\_\_ **Surname:** \_\_\_\_\_

**Home Address (for Correspondence):** \_\_\_\_\_  
\_\_\_\_\_

**Male (M) / Female (F)** \_\_\_\_\_ **D O B:** \_\_\_\_\_ **PPS No.** \_\_\_\_\_

**Phone No:** \_\_\_\_\_ **MOB:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_ **Position in Company:** \_\_\_\_\_

**Company Address:** \_\_\_\_\_  
\_\_\_\_\_

**Work Email:** \_\_\_\_\_ **Course Centre:** \_\_\_\_\_

**Course Fee: 2017/2018**

• €2500.00 ..... **Booking Deposit** €250.00  
(See Over for Fee Payment Options) (With Application.)

**Note: - Cheques should be made payable to “The Chartered Institute of Logistics & Transport”**

*Signature of applicant* \_\_\_\_\_ *Date:* \_\_\_\_\_

**I AUTHORISE THE CILT TO DEBIT MY LASER/VISA/ACCESS/MASTERCARD WITH THE  
AMOUNT.**

Please insert last 3 digits CVV No. \_\_\_\_\_

€ \_\_\_\_\_

CARD NUMBER:

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EXPIRY DATE:

\_\_\_\_\_

CARDHOLDER'S NAME:

\_\_\_\_\_



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## **Advanced Certificate in Logistics & Supply Chain Management**

We are currently offering places on our Advanced Certificate in Logistics & Supply Chain Management programme due to commence October 2017.

**The full course fee for 2017/2018 is €2,500.00 (per annum)**

Payment must be made by one of the following options:

**Tick one option**

**OPTION 1** ☐ Full Payment with booking form and get a €200.00 discount. €2,300.00

**OPTION 2** ☐

Pay Deposit with <u>Booking Form</u>	Deposit	€250.00
Direct Debit or Standing Order in 6 equal monthly instalments	Nov 2017	€375.00
	Dec 2017	€375.00
	Jan 2018	€375.00
	Feb 2018	€375.00
	Mar 2018	€375.00
	Apr 2018	€375.00
<u>Total</u>		<u>€2,500.00</u>

If you require any further information please do not hesitate to contact CILT on 01 6763188

Pat Treacy FCILT  
CEO

Please let me have the necessary documentation to arrangement payment of my course fees through

**OPTION** ☐

***Signed*** \_\_\_\_\_

***Address*** \_\_\_\_\_

***Phone Number*** \_\_\_\_\_