

Application form for Part-Time Courses

PERSONAL DETAILS

(To Be Completed in BLOCK CAPITALS by the Applicant)

Surname	<input type="text"/>	Name/s	<input type="text"/>
Address	<input type="text"/>		
	<input type="text"/>	Locality	<input type="text"/>
Post Code	<input type="text"/>	ID Card	<input type="text"/>
Tel No:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>		

COURSE TITLE:

I understand that this information is to be used solely by the Institute of Tourism Studies for administrative purposes according to the Data Protection Act XXVI of 2001.

Signature Date

Methods of Payment

- Cheques payable to the Institute of Tourism Studies
- Bank Transfer – Bank of Valletta Account Number 40013054799 (copy of transfer to be handed to Accounts Section – ITS).
- Card Payment.

I authorise you to debit my card as follows:

Visa MasterCard Cashlink APS Premier

Card Number

Expiry Date

Lm