

STEP CERTIFICATE IN INTERNATIONAL TRUST MANAGEMENT

Course Enrolment Form: Please complete in BLOCK CAPITALS

www.cltint.com/stepcertint

1. Personal and Professional Details

CLTI Candidate Number (if applicable): _____

STEP Membership No. (if applicable):

Title (e.g. Mr/Mrs): _____

First Name(s): _____

Family Name(s): _____

Current Job Title: _____

Date of Birth (optional):

Gender: Male Female

Address: _____

Town: _____ City: _____

Postcode/Zip: _____

Country: _____

Telephone Number Daytime: _____

Telephone Number Evening: _____

Mobile Telephone Number: _____

Email (compulsory): _____

Dietary Requirements: _____

Disability Requirements: _____

Employer Details

Employer: _____

Employer Address: _____

Town: _____ City: _____

Country: _____

Postcode/Zip: _____

Employer Contact Name: _____

Employer Contact Job Title: _____

Employer Contact Email: _____

Employer Contact Telephone No: _____

Do you want your employer to know that you are taking this course?

Yes No

Course materials to be delivered to:

Home Address Employer Address

(please note that all course materials are sent via courier and will need to be signed for)

2. Education/Qualifications

Please indicate your educational and professional qualifications (if any):

3. Employment Sector

If you are employed please select the description that best suits your current role:

- | | |
|---|--|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Lawyer/Solicitor/Attorney |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Legal Assistant/Paralegal |
| <input type="checkbox"/> Banker | <input type="checkbox"/> Legal Executive |
| <input type="checkbox"/> Barrister | <input type="checkbox"/> Notary |
| <input type="checkbox"/> Client Relations/Marketing/Sales | <input type="checkbox"/> Probate Executive |
| <input type="checkbox"/> Compliance Officer/Manager | <input type="checkbox"/> Secretarial/Administration |
| <input type="checkbox"/> Corporate Administrator | <input type="checkbox"/> Tax Advisor |
| <input type="checkbox"/> Estate Planner | <input type="checkbox"/> Trust Manager (Senior) |
| <input type="checkbox"/> Financial Planner | <input type="checkbox"/> Trust Officer/Trust Administrator |
| <input type="checkbox"/> Fund Administrator/Manager | <input type="checkbox"/> Trustee/Fiduciary |
| <input type="checkbox"/> HR | <input type="checkbox"/> Wealth Management |
| <input type="checkbox"/> Insurance Advisor | <input type="checkbox"/> Will Writer |
| <input type="checkbox"/> Judge | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Lawyer (Partner level) | |

Nature of duties: _____

4. Specialism(s) of interest

Please select the area(s) of specialisation which are of interest to you (choose as many as are relevant):

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Agricultural Property | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Anti-Money Laundering | <input type="checkbox"/> Mediation |
| <input type="checkbox"/> Banking Law | <input type="checkbox"/> Mental Capacity |
| <input type="checkbox"/> Charities – Formation and Administration | <input type="checkbox"/> Pensions Law |
| <input type="checkbox"/> Compliance | <input type="checkbox"/> Personal Skills |
| <input type="checkbox"/> Contentious Trusts/Estates | <input type="checkbox"/> Philanthropy |
| <input type="checkbox"/> Corporate Administration/Management | <input type="checkbox"/> Private Equity and Property Funds |
| <input type="checkbox"/> Cross-Border Estates | <input type="checkbox"/> Retail Funds |
| <input type="checkbox"/> Elderly Client | <input type="checkbox"/> Succession and Probate |
| <input type="checkbox"/> Estate Administration | <input type="checkbox"/> Tax Investigations |
| <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Taxation – Corporate |
| <input type="checkbox"/> Executorship and Probate | <input type="checkbox"/> Taxation – International |
| <input type="checkbox"/> Family Business | <input type="checkbox"/> Taxation – Personal |
| <input type="checkbox"/> Family Law | <input type="checkbox"/> Trust Accounting |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Trust Creation/Administration |
| <input type="checkbox"/> Foundations | <input type="checkbox"/> Wealth Planning |
| <input type="checkbox"/> Hedge Funds | <input type="checkbox"/> Will Preparation |

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5. Course Selection

I wish to enrol on the following course:

Certificate in International Trust Management

Date: _____ Location: _____

6. Fees

Course Fee **£1,575**
(Including Course Materials, Face-to-face-tuition and Examination.)

7. Payment Method

Please indicate whether you are self-funding or your employer is paying the fee (note that your distance learning material will not be dispatched until payment is received if you are self-funding):

Self-funding Employer is paying

Employer signature if paying the course fee: _____

Please tick the appropriate box

Please invoice me at my home address

Please invoice my employer

I authorise you to debit my Credit Card

Card Type: Master Card Visa Visa Debit

Name of Cardholder: _____

Credit Card Number: _____

Security Code: Card Expiry Date:

Issuing Bank: _____

Payment Amount: £ _____

Signature of Cardholder: _____

Date:

I enclose a cheque/bankers draft made payable to CLT International

I have made an electronic bank transfer to:

CLT International Ltd
Barclays Bank Plc, Level 22,
1 Churchill Place, London, E14 5HP
Sort Code: 20-82-94
Account No: 30568392
Ref(your name): _____

8. Signature of Applicant

By signing this document, you confirm that you have read, understood, and agree to the terms and conditions of enrolment.

These terms and conditions for the Certificate can be found at:
www.cltint.com/course/step-certificate-international

Signature of Applicant: _____

Date:

9. Data Protection

The information you have provided will be used by CLT International, STEP and its branches, or approved agents for administrative, membership and educational purposes or as required by law. From time to time CLT International may pass your name and address to third parties to enable them to send you information about products and services approved by CLT International. If you do not want to receive hard copy mailings from third parties, please let us know by ticking the box.

I do not wish to receive hard copy mailings from third parties approved by CLT International relating to beneficial products and services.

CLT International will not share your email address with third parties without your express permission.

10. How did you hear about the course

STEP Website

STEP Journal

CLT Website

Social Media

Colleague/Employer

Industry Event

STEP E-Newsletter

STEP Event

STEP Email

Mailshot

CLT Email

Industry Publication (Please specify) _____

Other (Please specify) _____

11. STEP Application

(Do NOT complete this section if you are already a STEP member)

1. STEP will be notified of your enrolment within one month and your welcome e-mail from STEP Worldwide will be sent to you within 6 weeks.

Please note that it is mandatory to maintain your STEP membership whilst you are studying a STEP Certificate or Diploma and you will be invoiced by STEP for your annual fees.

For further details regarding membership categories, please visit www.step.org/categories

2. Please indicate below the STEP Branch you wish to join:

(before completing this section, please refer to www.step.org/branches-chapters for STEP branch details)

Please note that all members of STEP must comply with the Code of Professional Conduct.

This can be found by visiting www.step.org/professional-standards

To return this form

By Post: CLT International, Wrens Court,
52/54 Victoria Road, Sutton Coldfield,
Birmingham B72 1SX, England

By Fax: +44 (0) 121 362 75 10

By Email: cltinternational@centlaw.com

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