

# PAYMENT OPTIONS FORM

## FINANCIAL SERVICES FLEXI-STUDY

Upon payment please treat this form as a tax invoice – Kaplan Education Pty Ltd. ABN 54 089 002 371

### Personal Details

Mr /Mrs /Ms / Miss (Please circle)

Kaplan Student Number: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Organisation \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_

State \_\_\_\_\_

Postcode \_\_\_\_\_

Tel (w) \_\_\_\_\_

(h) \_\_\_\_\_

(m) \_\_\_\_\_

Email \_\_\_\_\_

### Details

FFP transition (for students currently enrolled in ELC) \$100 \_\_\_\_\_

FFP re-enrolment (for students with an expired FFP enrolment) \$250 \_\_\_\_\_

Replacement subject manual \$100 \_\_\_\_\_

Replacement subject modules \$75 each \_\_\_\_\_

Subject Deferral \$150 \_\_\_\_\_

Outstanding enrolment fees \$ \_\_\_\_\_

Outstanding exam fees \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**Total Amount Payable \$** \_\_\_\_\_

### Payment Details

**Invoice Company:** only available to companies with an approved Kaplan Professional account. Invoices will be sent to the address specified on your company account .

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Debtor ID: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature\*: \_\_\_\_\_

\*To authorise this invoice request you must be an existing contact on your company account with Kaplan Professional. In the absence of an authorised signature an email will be sent for approval of enrolment.

**Cheque** (Please make cheque payable to **Kaplan Education Pty Ltd**) Cheque No. \_\_\_\_\_

**Mastercard**  **Visa**

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_ Total \$ \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

**mail to** GPO Box 9995, Sydney NSW 2001

**fax to** 1300 137 802