

Certificate IV in Financial Services (Personal Trust Administration) FNS40204

Registration Form: Semester 2 2009, commencing 10 August

Complete all (4) sections of this form

1. Personal details

Family name.....	Given Name:.....	Title:
Organisation:.....		
Position:.....		
Postal Address:.....		
..... State Country.....	P/code:.....
Phone: (W).....	Fax: (W).....	Mobile:
E-mail:		

2. Enrolment details

Unit code	Unit title	Fee AUD\$	Select ✓
FNSPERT301B	Establish Entitlements to an Intestate Estate	\$400.00	
FNSPERT302B	Administer a Non complex Estate	\$400.00	
FNSPERT303B	Administer a Non complex Trust	\$400.00	
FNSPERT402B	Administer an Intestate Estate	\$550.00	
FNSPERT403B	Prepare a Will	\$550.00	
FNSPERT404B	Administer a complex Estate	\$550.00	
FNSPERT405B	Administer a complex Trust	\$550.00	
FNSPERT406B	Establish Powers of Attorney or Accept Appointment under Financial Administration Orders	\$550.00	
FNSPERT407B	Administer Powers of Attorney or Financial Administrative Orders	\$550.00	
FNSPERT501B	Advise Clients on Trust Structures	\$650.00	
FNSPERT502B	Advise Client in Estate Planning	\$650.00	
	Total fee		

3. Applicant Request / Trustee Organisation Recommendation

Note: If you work for a Trustee Organisation, your enrolment should be processed through your Staff Training Officer/Manager.

I,(name),(position), request that I be enrolled in the unit(s) shown on page 1 of this registration form.

If this enrolment has been subsidised by my employer or other sponsor, or has been organised and supported through my employer, I hereby give authority to UWS College to provide information relating to my enrolment and study progress to my employer and/or sponsoring organisation.

Applicant's signature: **Date:**

This applicant's proposed study program is recommended and supported. I am authorised to approve any fees incurred for this application and have read and understood the fees refund policy.

Manager's name:Position:

Manager's signature: **Date:**

4. Payment details

Payment options

Total Course fee: AUD\$.....

a) Please invoice (company).....

attention:

Address

or

b) Cheque enclosed for \$payable to **UWS College P/L**

or

c) Please charge: MasterCard Visa

Name of Cardholder:Amount \$.....

Card Number: Exp date:.....

Cardholder's Signature:

REFUND POLICY: If written notice of cancellation of enrolment is received by UWS College prior to 3 August 2009, a refund equal to 90% of the enrolment fees will be made. If written or verbal notice of cancellation of enrolment is received by UWS College after 3 August 2009, no refund applies. Substitutes may be nominated prior to semester commencement date (10 August 2009). If an offer of admission is withdrawn or UWS College fails to provide a course of study, all fees paid will be fully refunded unless the offer was made on the basis of incomplete or incorrect information supplied by the applicant (in which case UWS College may retain an administration fee of 10% of the tuition fee paid or payable). PLEASE NOTE: no other refunds for changed circumstances will apply.

Forward to: E-Learning Programs Coordinator

Post: UWS College, PO Box 224, Quakers Hill NSW, Australia 2763

Fax: +61 2 9852 4042