



# Margin Lending Enrolment Form

Please complete this form and fax to: 1300 369 312  
Alternatively, submit a signed and scanned enrolment to: info@interprac.com.au

Administration use only	
Pin number	Date received

## 1. Personal information

Title Mr  Miss  Mrs  Ms  Dr

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Given names Surname

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Preferred name DOB (dd/mm/yy)

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Employer Occupation

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Email (primary contact)

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Phone day Mobile (primary contact)

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Phone evening

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## 2. Delivery address for course material

Street

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Suburb/City/Town

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State Postcode Country

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## 3. Course cost

Module enrolment	Enrolment distance learning	Total*
DPML – Margin Lending	\$250 <input type="checkbox"/>	\$
<b>Total</b>	<input type="checkbox"/>	\$

## 4. Payments

### Non-credit card payments

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A.  My cheque payable to "InterPrac Securities Pty Ltd" has been mailed to:

PO Box 7626, St Kilda Rd, Melbourne, VIC 8004

### Credit card payment

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B.  Please debit my:

Visa

Master Card

Bank Card

3 or 4 digit security code \_\_\_\_\_

Expiry date \_\_\_\_ / \_\_\_\_

Name on card \_\_\_\_\_

Card number \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

### Credit card authorisation

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You warrant that you are the authorised person to use this credit card to pay for the goods and services that you are ordering from Interprac.

## 5. Declaration

I declare that I have read, understood and will comply with the requirements of Pinnacle's Student Information Guide, privacy policy, and terms and conditions. The information I have provided is true and correct.

The information I have provided may be shared with third parties, but only in accordance with the requirements of Pinnacle's privacy policy and the Australian Quality Training Framework (AQTF).

I have reliable access to the internet. Pricing does not include international postage. More than one attempt to deliver course materials will incur extra costs.

I agree that Pinnacle has the right to refuse any application for any reason at its absolute discretion, and also has the right to refuse any application without refund where a student falsifies evidence of qualifications or competency or engages in any other form of cheating.

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*Note: Please contact us if you have any special learning or assessment needs that who would like taken into consideration.*