



Enrolment Form

English Courses 2019

Personal Details

Title (Mr, Mrs, Miss, Ms):	First name:	
Family name:	Date of birth:	
Nationality	Passport number:	
First language:	E-mail:	
Address:	City:	Country:
Mobile number:	WhatsApp number:	
Emergency contact name:	Contact number:	
Mother's full name:		

How did you hear about ES Dubai?

Google Facebook Instagram Friend Agency Other _____

What is your current level of English?

Beginner Elementary Pre-Intermediate Intermediate Upper Intermediate Advanced

Would you like to purchase the first book in advance? Yes No

Do you require a Student Visa? Yes No If yes, please attach a copy of your passport and a recent picture.

Course Details

Start date:	Total study weeks:	
1. Course name:	No. of weeks:	Lessons per week:
2. Course name:	No. of weeks:	Lessons per week:

Accommodation

Do you require accommodation? Yes No

Room type: Single Twin

Accommodation start date:	Number of weeks:
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Airport Transfer

Do you require airport transfer? Arrival only Departure only Both ways Not required

Arrival airport (3-letter code):	Flight number:
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How would you like to pay?

- By bank transfer Enclosed cheque/draft Credit/debit card payment by via online link

Bank Account Details:

Account name: ES Training DMCC
Account N°: 019100124947 (USD)
IBAN: AE700330000019100124947
Branch: DIC Branch
Swift Code: BOMLAEAD
Mashreq Bank, Dubai, UAE
PO Box: 336269

Agreement Statement

1. I have read and understood the ES Training DMCC terms and conditions, including the cancellation and refund policy. For full details of the terms and conditions please visit <http://esdubai.com/terms-and-conditions/>
2. I have read and understood the relevant schedule of costs set out in the current ES price lists and hereby affirm that I have sufficient funds to pay for all tuition costs as well as the cost of all food, accommodation and all other personal expenses during the full period of my course at ES Dubai.
3. I authorise ES Training DMCC to take appropriate action in the event of a medical emergency and I understand that I am responsible for all medical bills incurred.
4. I certify that all the information given by me in this enrolment form is accurate and complete.

Signature of applicant / Print name:

Date:

Regional Managers

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