KINGSWAY INSTITUTE - PTE COURSE

APPLICATION FORM

ABN: 40 098 611 360 Ground Floor, Levels 1&2 55-57 Wentworth Avenue Sydney NSW Australia 2000 T: +61 2 9283 2388 E: enquiry@kway.nsw.edu.au



Before completing the application form, please visit: www.kway.nsw.edu.au

Kingsway PTE Number: P

PART A	PERSO	NAL DI	ΤΑΙ	ILS							
Application Checklist:	• (Completed all sections of the Application form Copy of your passport									
Is this your first application to PTE course?	YES 🗆	YES 🗆									
Title	Mr 🗆										
Surnames:											
Family name:											
Preferred name:											
Date of birth(DD/MM/YYYY):					er Fema	ale 🗆	e □ Male □				
Country of birth:					<u> </u>						
Postal address:	State			Subi	ırb		Postcoo	de			
Contact Phone Number:	(Home)			(Mobile)							
Email Address:											
Previous PTE scores (if applicable)	Listening:	Spea	king:	Re	eading:	Writing:					
Previous IELTS scores (if applicable)	Listening:	Spea	king:	Re	eading:	Writing:					
PART B	Course	FEES A	AND	PAY	MENT	DETAILS	5				
All fees	and charges are lis	ted in Aus	tralia	n Dolla	rs (\$AUD)						
	Fees	(\$AUD)	*								
Pronunciation (10 Hrs)				Tuitio	n Fee	\$	400.00				
PTE Academic 65+ (20 hrs)			Tuitio	n Fee	\$	600.00					
PTE Academic 79+ (40 hrs)				Tuitio	n Fee	\$1,	200.00				
PTE Academic VIP (1 teacher, 2 students (2	(0 Hrs))		Tuition Fee			\$1,	000.00				
	Αςςοι	ınt Deta	ils								
Account Name: GLOBAL EDUCATION & TOURISM GROUINSTITUTE)	JP PTY LTD T/A	KINGSV	/AY I	INSTIT	UTE TRU	ST ACCOU	INT (Kin	gsway			
BSB Number: 062 010 Account Number: 1079 7122 Bank Name: COMMONWEALTH BANK											
Bank Address: 431-439 SUSSEX STREET, Bank SWIFT Code: CTBAAU2S	, SYDNEY NSW	2000									

ALL FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

PART C						Payment														
Amount SAIII).						can be made in Cash, Credit or Debit Card, Bank Cheque, Money order ents can also be made at: www.bpoint.com.au/Pay/GETG														
(Please tick $$ one)																				
☐ Cash	Cash ☐ Bank Cheque							☐ Credit	ebit C	ard	☐ Money Order									
Card details (<i>Please tick</i> $$ one)																				
☐ Visa ☐ MasterCard								☐ Amex			☐ Debit Card									
				С	redit	: Ca	rd Number								Se	ty Code		Expiry date		
Card holder's Name:							Date:													
Card holder's Signature:															2000					
 I declare the information provided in this application form is correct to the best of my knowledge. I declare I have read and understood the information provided to me in the application form. I declare that I have read and accepted the conditions of enrolment including the cancellation and refund policy of the Institute. 																				
Signature:								Date:												
SE	Date Received:								Date Dispatched:											

ш	Date Received:			Date	Date Dispatched:				
USE Y									
FFICE ONL	□ CSH	□ CHQ	☐ EFTPOS	□ АМО	AMOUNT PAID:				
OFFI	Received By:				Date:				
0	Receipt Number:				Transaction Number:				