



**THE CYPRUS INSTITUTE OF MARKETING LTD**  
EUROPEAN OFFICE: P.O.BOX 25288,  
TEL. +22778475, FAX: +22779331, NICOSIA 1308 – CYPRUS  
E- Mail: info@cimabvi.com  
REGISTERED IN THE BRITISH VIRGIN ISLANDS REG. NO. 231384

**(OC.EEF.79)**

**EXAMINATIONS ENTRY FORM  
FOR ALL PROGRAMS OF STUDY  
(FOR OVERSEAS CENTRES' STUDENTS)  
Please complete BOTH sides**

---

**1. EXAMINATION DATES**

Please tick the examination date you wish to enter:

JUNE.....

JANUARY.....

---

**2. NAME**

This will be used to ensure the correct name is written on any Diploma you may be awarded.

.....

---

**3. PROGRAM OF STUDY**

.....

---

**4. ADDRESS**

Any change to your address, temporary or permanent should be notified to us immediately.

Address.....

.....

.....

Town..... Postcode: .....

Country: .....

Business Tel. No. .... Home Tel. No.

.....

Fax. :.....

E-Mail: .....

---

**5. STUDENT REGISTRATION NUMBER**

.....

---

**6. HAVE YOU EVER BEEN REGISTERED AS CIM STUDENT BEFORE: YES/ NO**

IF YES, please enter your old registration number .....

.....

---

**7. THE NAME OF YOUR PRESENT STUDY CENTRE**

.....

If you have studied with another centre before please give us its name.

.....

**P.T.O**

---

**SUBMISSION DEAD-LINES OF THIS FORM**

This form should reach our office as follows:

For the **June** exam by **30<sup>th</sup> April**.

For the **January** exam by **30<sup>th</sup> November**.

**LATE ENTRY IS NOT PERMITTED.**

---

**EXAMINATION FEES PER SUBJECT**

Every student sitting for our exams **MUST** pay the fees per student as stated below. **NO STUDENT WILL BE ALLOWED TO SIT FOR EXAMINATIONS UNLESS THE EXAMINATION ENTRY FORM IS ACCOMPANIED WITH THE APPROPRIATE FEES.**

	2010	2011	2012
<b>DIPLOMAS</b>	STG 45	STG 50	STG 55
<b>ADVANCED DIPLOMAS</b>	STG 60	STG 60	STG 65
<b>BACHELOR DEGREES</b>	STG 75	STG 75	STG 80
<b>POSTGRADUATE DIPLOMA</b>	STG 100	STG 100	STG 110
<b>M.Sc./MBA PROG</b>	STG 145	STG 145	STG 150

---

**DECLARATION**

I agree to comply with examination regulations as may be determined by The Cyprus Institute of Marketing. I enclose payment for..... (number of subjects) for the sum of British Sterling Pounds.....

Payment of appropriate fees must accompany this application. Payment must be in the form of Bank Draft drawn on a London Bank on the name of The Cyprus Institute of Marketing.

I intend to sit for the following subjects:

- 1..... 2.....  
3..... 4.....  
5..... 6.....  
7..... 8.....

**Signed:** .....

**Date:** .....

---

**COMPLETED ENTRY**

Please post your completed form to:

Examinations Officer  
European Office  
The Cyprus Institute of Marketing LTD  
P.O.Box 25288  
Nicosia 1308  
Cyprus

---