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Student Details		Company Details (if company sponsoring)	
Mr/Mrs/Ms/Miss (Other)		Company Name	
Name		Name of Contact	
Address		Company Address	
Daytime Tel No.			
Mobile No.		Contact Work Tel No	
E-mail Address		Contact email	
		AUTHORISATION Signature Position in Company	
Name of Course(s)		Date of Course(s)	

Please return this form to:
Manx Professional & Educational
Services Limited
41-45 Duke Street
Douglas
Isle of Man, IM1 2AU

OR fax it to
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OR e-mail it to
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