

**Enrolment form class 2013-2014**

Postgraduate programme Risk Management for Financial Institutions

Undersigned

Initials/surname	
Usual name	
Sex	<input type="checkbox"/> male <input type="checkbox"/> female
Date of birth	
Place of birth	
Home address	
Postal code/ Place	
Phone	
Private email	

Relevant previous education

Educational institute	
Date of diploma	

Employed at

Company name	
Address	
Postal code/ Place	
Phone	
Business email	
Profession	

wishes to enrol for the programme Risk Management for Financial Institutions and agrees with the terms of settlement.

Please enclose: Copy ID, Curriculum Vitae, certified copy of diploma, scorelist and 2 photos.

Date and signature	
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Invoice address private company

If you want us to send the invoice to the employer, please fill in the agreement mentioned below.

Agreement according to the employer

The fees for the course will be paid by:

Invoice address

Company name	
Department	
Reference number	
Address	
Postal code / Place	

Agreed by

Contact person	
Profession	
Date and signature	

Remarks:

You can send this form including the enclosures to:

Vu School of Finance & Risk Management
Risk Management for Financial Institutions
De Boelelaan 1105, kamer 1E-63
1081 HV Amsterdam

More information:

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