



Student's current details

First Name: _____ Family name: _____

Note: If you have only one name, please enter the full name in the Family Name box.

Student ID: _____ DOB: : _____

Date of Application: _____ Course: _____

Student Change of Details

I am a student of IBMA and wish to advise a change of:

- Name (please provide proof of change of name) Home Address Contact Details
 Other: _____ Employer / Workplace

Please provide new information below

Surname: _____

First Name: _____ Middle Name/s: _____

Home Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Workplace/ Employer (workplace-based courses): _____

Signed: _____ Date: _____

Organisation Change of Details

I am an organisation/ client/ employer of a student of IBMA and wish to advise a change of:

- Company or Business Name Business or Postal Address Contact Details
 Other: _____ Contact Person

Please provide new information below

Business Name: _____

Contact Person: _____ Position: _____

Business and/or Postal Address: _____

Ph: _____ Fax: _____ Mobile: _____

Email: _____

Signed: _____ Date: _____

Please return this completed form to Student Service Officer at IBMA's reception.