

OPENING OF EXISTING ACCOUNT FORM

Date	
Full Name [as per passport]	
Registration Number	
Program enrolled in	
Location	
Mobile Phone	
Email Address	

Location to be migrated to [Please tick]:

- Abu Dhabi
- Dubai
- Sharjah
- Al Ain

Course to be opened [Please tick]:

- Developing Strategic Mgt and Leadership Skills
- Professional Development for Strategic Mgrs
- Strategic Change Management
- Creative and Innovative Management
- Strategic Marketing Management
- Strategic Human Resource Management
- Strategic Quality and Systems Management
- Strategic Supply Chain Management and Logistics

Reason for opening:

Student Signature: _____

For Office Use Only [The candidate should not fill in this area]		Date: _____
Received by: _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Comment: _____		
Academic Director Signature: _____	Chairman Signature: _____	

Please email the form to 'sharmila@ccisuae.com'