

Please complete this form if you wish to withdraw from your subject enrolment. Please retain original copy for your records. HEPCO Pty Ltd trading as The Tax Institute Higher Education. ABN 30 642 863 787.

Date of issue: September 2021

1 Candidate information

Please update my details

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other (please specify)	<input type="text"/>
Candidate ID:	<input type="text"/>				Date of birth:	<input type="text" value="DD/MM/YYYY"/>
First name:	<input type="text"/>			Last name:	<input type="text"/>	
Address:	<input type="text"/>					
Suburb:	<input type="text"/>	State:	<input type="text"/>	Postcode:	<input type="text"/>	
Country:	<input type="text"/>					
Email:	<input type="text"/>					
Telephone:	<input type="text"/>	Mobile:	<input type="text"/>			

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2 Subject details

Select subject:

- | | | |
|---|---|---------------------------------|
| <input type="checkbox"/> ATL001 CTA1 Foundations | <input type="checkbox"/> ATL006 CommLaw3 Property Law | <input type="checkbox"/> Other: |
| <input type="checkbox"/> ATL002 CommLaw1 Australian Legal Systems | <input type="checkbox"/> ATL007 Advanced Superannuation | <input type="text"/> |
| <input type="checkbox"/> ATL003 CTA2A Advanced | <input type="checkbox"/> ATL008 Tax for Trusts in Estate Planning and Wealth Management | |
| <input type="checkbox"/> ATL004 CTA2B Advanced | <input type="checkbox"/> ATL009 Corporate Tax | |
| <input type="checkbox"/> ATL005 CommLaw2 Entities and Business Structures | <input type="checkbox"/> CTA3 Advisory | |
| | | |

Enrolled study period:

Reason for withdrawal:

3 Candidate Declaration

I confirm that I have read and accept The Tax Institute Higher Education's policies and procedures (see taxinstitute.com.au/education for policies). I confirm that the information provided in the candidate declaration is true and correct and I agree to abide by The Tax Institute Higher Education's rules and regulations.

I hereby declare that the information in this application is true and correct. I authorise the investigation of all statements made by me with respect to this application.

Signature:

Date:

For further information please contact us on **1300 829 338** or email taxeducation@taxinstitute.com.au.

To apply

Email taxeducation@taxinstitute.com.au
Mail L37, 100 Miller Street North Sydney NSW 2060
Call 1300 829 338

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