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## Tuition Fees Payment Methods

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### 1) By Bank Cheque

Cheques must be made payable to “The Emirates Academy of Hospitality Management”

### 2) Bank Transfer

Please ensure that the transfer instructions include your **full name** and **intake date** (e.g. September 2012). The bank details are as follows:

Account name	Emirates Academy of Hospitality Management
Account number	1011 0558 88801
Bank Name	Emirates NBD
Bank Address	Emirates NBD, P.O. Box 2923, Dubai UAE (Burj Al Arab Branch)
Telephone	971 4 315 5000
Fax	971 4 315 5556
Swift Code:	EBILAEAD
IBAN	AE35 0260 0010 1105 5888 801

### 3) Cash

To be paid in person at The Emirates Academy of Hospitality Management.

### 4) Credit Card

Please fill in the attached form and email it to [info@emiratesacademy.edu](mailto:info@emiratesacademy.edu) or fax it to +971-4-301-6547.

# THE EMIRATES ACADEMY OF HOSPITALITY MANAGEMENT

In academic association with Ecole hôtelière de Lausanne



Student Name:			
Intake Date (e.g. Sept 2011):		Group Function Date: {if applicable}	
Credit Card Type: {please circle}	AX	VA	MC
Card Number:	_____		
Expiry Month:	__ __	Expiry Year:	_____
Cardholders' Name:			
Cardholders' Invoicing Address:			
City:		Country:	
Post Code:		E-mail Address:	
Telephone #:		Fax #:	
Charges to be billed onto Credit Card:	<input type="checkbox"/> Deposit Only                      Amount: <input type="checkbox"/> All Charges                              Amount: <input type="checkbox"/> Other _____                      Amount:		
<b>Cardholders' Declaration:</b> I hereby authorize The Emirates Academy to charge my credit card for the above detailed charges. I further agree to resolve any dispute no later than 10 (ten) calendar days from the date of the invoice. I understand that an approval authorization will be obtained from my credit card			
Cardholders' Signature:			
Please fax this declaration together with a legible copy of the front and back of your credit card to {insert name and title of The Emirates Academy colleague responsible} on +971-4-315-5556.			
Internal Use Only			
Approval Code:		Colleague's Initials:	
Date:		Amount:	

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