Tuition Fees Payment Methods

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:

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

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 or fax it to +971-4-301-6547.
| **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:** | \_
| | □ Deposit Only Amount: \_
| | □ All Charges Amount: \_
| | □ Other \_
| | Amount: \_
| **Cardholders’ Declaration:** | \_
| 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:** | \_

PO Box 29662, Dubai UAE. Telephone: +971 4 315 55 55 or Fax: +971 4 301 6547, Email:info@emiratesacademy.edu. www.emiratesacademy.edu