



THE EXP GROUP AUTHORIZATION

ORGANIZATION DETAILS

Name The EXP Group
Address Excelsior Centre, 28-30 Academiei Str.
City District 1, Bucharest
ZIP code RO 010016
Tel +40 21 311 31 58

Mobile +40 757 081 201
Authorization Catalina Androsca
E-mail catalinaandrosca@theexpgroup.com

ORGANISATION PAYMENT DETAILS

Company Name The EXP Group

Fiscal Code RO 24228988
Cont IBAN RO53INGB0000999901390452
Bank ING, Romania

STUDENT/AFFILIATE/MEMBER* DETAILS

Name _____
Address _____
City _____
Zip code _____
Tel _____
Fax _____
Mobile _____
Business E-mail _____
Personal E-mail _____
Date of birth _____
Registration ID no _____
Registration Pass code _____

STUDENT/AFFILIATE/MEMBER* INVOICING DETAILS

Company Name _____
(If applicable)
Company Address _____
Fiscal Code/ CNP _____
Cont IBAN/ ID _____
Bank _____
Reg. of Commerce _____

TAILORED ADVISE AND STUDENT ACCOUNT MANAGEMENT SERVICES

The EXP Group has designed an integrated and most comprehensive service to ensure that your professional qualifications administration is conducted with maximum of efficiency. This service includes, but is not limited to:

1. Professional Qualification Study Advice and Initial Registration
2. Exemptions Application Counseling
3. Exam Entry Processing
4. Maintenance of students' records and management of their correspondence with the Professional Body
5. Invoicing Management – all institute related invoices of the students would be paid by the Service Provider within deadlines and then subsequently re-invoiced to the client

In order to be initially registered at the Professional Institute, the Client has to make the payment of the corresponding fees within the ExP deadline. Please tick the appropriate boxes:

- | | |
|--|-------------------|
| <input type="checkbox"/> Fee for students attending ExP courses | 65 Euro/session* |
| <input type="checkbox"/> Fee for students not attending Exp courses | 165 Euro/session* |
| <input type="checkbox"/> Initial Registration of the correspondent Professional Body | _____ |
| <input type="checkbox"/> Annual Subscription of the correspondent Professional Body | _____ |

DATA PROTECTION

The Exp Group will keep confidential all the student personal data. The student agrees that, in relation to the information held, The Exp Group may:

- Use the information to perform the obligations and enforce rights under this Authorization
- Use the information to inform the student about the courses, products or services which may be of interests
- Share the information with The Exp Group companies to inform the students about other products or services which may be of interest

In the event that students do not wish to receive correspondence from The Exp Group, a written request should be sent at catalinaandrosca@theexpgroup.com

- ☐ *I, the above named student/affiliate/member/authorize to the above named organization to use all relevant information concerning my student, affiliate and/or membership details and examination status in order that it can conduct the administration of my account on my behalf and I commit to providing them my final exam marks and exam options within the ExP deadlines.*

Signature _____

Date _____

*The above fees are net of VAT