



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

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 _____

ORGANISATION PAYMENT DETAILS

Company Name The EXP Group

Fiscal Code RO 24228988
 Cont IBAN RO53INGB0000999901390452
 Bank ING, Romania

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:

- Fee for students attending ExP courses 65 Euro/session*
- Fee for students not attending Exp courses 165 Euro/session*
- Initial Registration of the correspondent Professional Body _____
- 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