

# California Bar Examination Course

## Application form

### Personal Details

Title	
First Name	
Surname	
Date of Birth	
Nationality	
Address	
Home phone	
Mobile phone	
Email address	

### Employment Details

Employer	
Address	
Phone	

### Payment Details (Cheques payable to Independent Colleges)

Course fees: €1,450

 Cheque       Bank Draft       Postal Order

Debit/Credit Card

 Visa       Mastercard       LaserCredit Card Number:                Expiry Date:   /  

Cardholder's Name: \_\_\_\_\_

### Declaration

I hereby confirm that the information given above is correct and I undertake to comply with all regulations of Independent Colleges. I understand that Independent Colleges maintains the right to change any of the details given in any course brochure and that courses are offered subject to student demand. I understand that I must contact the relevant Bar Association to confirm my eligibility to sit these examinations.

**Signature:** \_\_\_\_\_

Date: \_\_\_\_\_