

CONTINUATION TRAINING ONLINE ORDER FORM



When completing this form, please note the following:

- All applicants for training courses online must complete and return a **continuation training online order form**.
- All applicants must return the form via email to us at **admin@manhattan-aviation.co.uk with a copy of your passport**.
- Login information will be emailed to you once payment has been received.
- Upon completion, electronic training certificates will be issued and emailed to you.

Complete in full using BLOCK CAPITALS.

CUSTOMER DETAILS

First Name

Family Name

Position

Company

Telephone Number

Email Address

Address

Post Code

Country

CT-ONLINE TRAINING COURSE DETAILS

Please state the online training courses you wish to purchase:

	Course Category Refresher / Continuation?	Aircraft/Course Name
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>

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PAYMENT DETAILS

Please choose one of the following payment methods:

Bank Transfer

Please make payment to:

Account Name: Manhattan Aviation Services Limited
Bank Address: Isle of Man Bank South Region, P.O. Box 3 Castletown, Isle of Man, IM99 5TD
Account Number: 13001906
Sort Code: 55-91-04
Swift: RBOSIMD2
IBAN: GB15NWBK55910413001906
Reference: *(Please quote your invoice number)*

Card Payment – A payment link will be emailed you.

CUSTOMER DECLARATION

I hereby certify that the above statements are true. I understand that Manhattan Aviation Services Limited reserves the right to institute any appropriate legal or other proceedings for misrepresentation of the information stated above, or in the case of fraud. By signing below, I, the Customer, confirm that I wish to purchase the above CT-Online Courses and I have read and accept the CT-Online Terms and Conditions.

Signature

Print Name

Date

OFFICE USE ONLY

TOTAL PRICE

INVOICE NUMBER

PAID

DATE

MAS007

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