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PAYMENT CONTRACT- 2023

Please complete this form in BLOCK CAPITALS

TERM: _____

Name: _____
Last First Middle

Address: _____

Contact Information: _____
Mobile Work Home

Email

Please tick the programme for which you have registered

CERTIFICATE IN SUPERVISORY MANAGEMENT <input type="checkbox"/>	ASSOCIATE DEGREE IN INSURANCE MANAGEMENT <input type="checkbox"/>
PRE-REQUISITE & INDIVIDUAL COURSES <input type="checkbox"/>	INSURANCE ACCIDENT INVESTIGATING - MOTOR <input type="checkbox"/>
LOSS ADJUSTING PROGRAMME <input type="checkbox"/>	PARALEGAL COURSE <input type="checkbox"/>
CERTIFIED INSURANCE TECHNICIAN COURSE <input type="checkbox"/>	INTERNATIONAL CUSTOMER SERVICE COURSE JaCSA & CIPS <input type="checkbox"/>

State course(s) for which you have registered for this term.

INSTALLMENT PAYMENT PLAN

Check appropriate box

- PRE-REQUISITE & INDIVIDUAL COURSES
- LOSS ADJUSTING PROGRAMME
- INSURANCE ACCIDENT INVESTIGATING - MOTOR

DURATION	INDIVIDUAL COURSE COST		PROGRAMME COURSE COST	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
30 HOURS	\$30,746 <input type="checkbox"/>	\$33,666 <input type="checkbox"/>	\$29,583 <input type="checkbox"/>	\$32,386 <input type="checkbox"/>
36 HOURS	\$35,246 <input type="checkbox"/>	\$38,574 <input type="checkbox"/>	\$33,914 <input type="checkbox"/>	\$37,110 <input type="checkbox"/>
45 HOURS	\$43,568 <input type="checkbox"/>	\$47,729 <input type="checkbox"/>	\$41,903 <input type="checkbox"/>	\$45,898 <input type="checkbox"/>

- ASSOCIATE DEGREE: INSURANCE MANAGEMENT
- CERTIFIED INSURANCE TECHNICIAN
- CERTIFICATE IN SUPERVISORY MANAGEMENT

DURATION	INDIVIDUAL COURSE COST		PROGRAMME COURSE COST	
	MEMBER	NON-MEMBER	MEMBER	NON-MEMBER
45 HOURS	\$42,692 <input type="checkbox"/>	\$46,854 <input type="checkbox"/>	\$41,028 <input type="checkbox"/>	\$45,022 <input type="checkbox"/>

- PARALEGAL COURSE

DURATION	MEMBERS	NON-MEMBERS
36 HOURS	\$44,712 <input type="checkbox"/>	\$45,423 <input type="checkbox"/>

- INTERNATIONAL CUSTOMER SERVICE COURSE JaCSA & CIPS

DURATION	MEMBERS	NON-MEMBERS
	\$28,000 <input type="checkbox"/>	\$30,800 <input type="checkbox"/>

- BREAKDOWN OF PAYMENT (*Official Use Only*)

	DUE DATE	AMOUNT
REGISTRATION FEE		
DEPOSIT - 50%		
2 nd PAYMENT- 25% (30 days after 1 st class)		
3 rd PAYMENT- 25% (60 days after first class)		
TOTAL		

I agree that:

1. I will make payment on time and in accordance with plan set out above
2. If I fail to pay 2nd and 3rd installments by due date, a late fee of \$500 will be payable if paid up to 3 working days after the due date, and an extra \$500 per week thereafter until the installment is paid. If the payment is not made within 2 weeks of the due date I will be refused entry to classes.
3. If I pay by cheque and any cheque is returned unpaid, I am liable for all associated bank charges related to the returned cheque.
4. **No extensions will be allowed under any circumstances.**

Print name _____ Signature _____

Date _____

Signed on behalf of College of Insurance & Professional Studies