cetb
Bord Oideachais agus Oiliúna Chorcaí
Cork Education and Training Board

LEARNER BANK ACCOUNT DETAILS

PLEASE USE BLOCK CAPITALS

Course Code: _____ *Course Title:* _____

Course Location: _____

Training Organisation: _____ *Contract Number:* _____

Forename: _____ *Surname:* _____

PPS: | | | | | | | | | |

Telephone: _____

Name of Bank: _____

Address of Bank: _____

_____

_____

Bank Account Number: | | | | | | | | |

Bank Sort Code: | | | | | | |

Learner Signature: _____

Date: | | | | | 2 | 0 | | |

Learner Registration Number: (for official use only): | | | | | | | | |