

# CDCS / CSDG Recertification Course Recognition

## Application form

### SECTION A ORGANISATIONS INFORMATION

Training Provider Name \_\_\_\_\_

Contact Person for this application – LIBF Contact / Ref Number / Payer Account Number \_\_\_\_\_

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Details to be displayed on our **Course Registry**.

Name of Organisation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

email \_\_\_\_\_ Tel \_\_\_\_\_

If you do not wish your details to be included on our website please tick this box

Course / Programme Title as you wish it to appear on our Course Registry

\_\_\_\_\_

\_\_\_\_\_

Method of delivery - ie face-to-face, online, internal training etc \_\_\_\_\_

Location of Training \_\_\_\_\_

Date(s) event to take place \_\_\_\_\_

Number of CPD Learning hours per course \_\_\_\_\_

### SECTION B COURSE / PROGRAMME INFORMATION

Please indicate the topic areas covered and include

- A detailed agenda or course syllabus;
- Faculty / instructor resumes / curriculum vitae; and,
- A copy of the course / programme participant evaluation form.

Course	Syllabus topics covered
.....	.....
.....	.....
.....	.....
.....	.....

**SECTION C FEES AND PAYMENT DETAILS**

**Applications will not be approved prior to the appropriate fee being received.  
Please see Course Recognition Guidelines for fee information.**

**Payment options**

- please debit my LIBF PAYER account number
- I enclose a cheque made payable to The London Institute of Banking & Finance
- I have paid by bank transfer. (ensuring all bank charges are covered)
- I authorise The London Institute of Banking & Finance to debit my Visa / MasterCard / debit card for the total payable

Card number                Expiry date  /       Valid from  /

Issue number    (if applicable)      Security number\*

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*This is the last 3 digits found on the signature strip on the reverse of your card.

Bank transfer information (please provide your details with the transfer so we can trace your payment):

Account Name: The London Institute of Banking & Finance  
 Account Number: 10514632  
 Sort Code: 20-18-00  
 International Bank Account Number (IBAN): GB83 BARC 2018 0010 5146 32  
 SWIFTBIC (Bank Identifier Code): BARCGB22

**SECTION D LIMITED LICENCE AGREEMENT**

Whereas .....(hereinafter referred to as "Provider") has submitted an application to The London Institute of Banking & Finance for a limited licence to use The London Institute of Banking & Finance CPD recognition logo and statement in advertising materials pertaining to the following course outlined in Section A.

It is agreed as follows

This licence permits the provider to display the logo of The London Institute of Banking & Finance as specified herein and to display the approved statement of The London Institute of Banking & Finance approved statement, for the period of time the programme is approved (maximum of 12 months and then subject to reapplication) and provided no changes have been made to the content or context of the recognised activity, on the following terms

1. The logo remains the property of The London Institute of Banking & Finance
2. The Provider is not authorised to use the logo for any programme or services other than those named in this application for recognition
3. The provider agrees to display the official CPD recognition logo and statement in accordance with the brand guidelines provided by the Institute and in accordance with any changes to such 'Brand Guidelines' as are notified to the Provider from time to time
4. The Provider agrees not to alter the recognition statement in anyway unless directly instructed to do so by The London Institute of Banking & Finance
5. The Provider agrees that the logo will not be positioned or sized in a way that distorts the true dimensions of the logo
6. The Provider agrees that they will seek final approval of all wording in advance of publication where the logo appears or where the recognition statement is used.

Accepted this .....Day of.....20.....

Provider Name .....

By .....

Signature .....Title .....