

Level 4 Certificate for Documentary Credit Specialists (CDCS®)

Registration and payment form

To register for CDCS®, please complete this form in BLOCK capitals and either scan and email it to customerservices@libf.ac.uk or post to: Customer and Student Services, The London Institute of Banking & Finance, 4-9 Burgate Lane, Canterbury, Kent CT1 2XJ United Kingdom

YOUR DETAILS

LIBF number (if known) _____ Title (Mr/Mrs/Ms etc) _____

First name(s) / Given name(s) _____

Last name / Family name _____

Previous name (Please tell us any previous name you have used that would help us link this registration to any other records we may hold for you)

Date of birth* (DD/MM/YYYY) _____ Gender Male Female

*A date of birth is compulsory to activate your online account.

CONTACT DETAILS

Email address* _____

Please provide a telephone number we can use to contact you if necessary:

Telephone no. _____ Mobile no. (if different from Telephone no.) _____

Security word _____

Please tick relevant prompt for security purposes Mother's maiden name Place of birth Memorable date

*Please note that having a valid email address is a compulsory requirement of study.

EMPLOYMENT

Job title _____

Employer / business name _____

ADDRESS DETAILS

Business address _____

Postcode / Zipcode _____ Country _____

Home address _____

Postcode / Zipcode _____ Country _____

Please indicate which address you would prefer us to use for postal correspondence: Business Home

Delivery address (Please select an address where your study materials can be delivered, or add a delivery address below if it is different from the addresses above)

Business Home

Delivery address* _____

*Please do not use a UK PO BOX number.

SPECIAL REQUIREMENTS

Do you consider that you may require us to make adjustments to your studies or examination attendance?

Yes No

(If you answer 'Yes' to this question a member of staff will contact you.)

WHERE DID YOU HEAR ABOUT US?

Web Search Advert

Email / letter Colleague / Employer

Exhibition

Name _____

CDCS® EXAMINATION VENUE

CDCS® examinations will take place in a number of global centres. Specific centre locations can be found at:
www.libf.ac.uk/examvenues
The London Institute of Banking & Finance reserves the right to withdraw centres subject to demand.

Please indicate your preferred examination venue from the list on our website:

Please note; it is your responsibility to make travel, accommodation and VISA arrangements.

CDCS® REGISTRY

Please add my name and employer to the CDCS® Registry on successful completion of the CDCS®, available online at www.CDCSinternational.org

FEES AND PAYMENT DETAILS

CDCS® registration (£510.00)	£ _____
International booking fee* (£55.00)	£ _____
CDCS® resit (£315.00) (materials not included)	£ _____
International booking fee for resit* (£22.00)	£ _____
TOTAL PAYABLE	£ _____

*Candidates sitting the CDCS® examination outside of the UK are required to pay an international booking fee, in addition to their registration or resit fee

Payment options

- Please send me an invoice
- I enclose a cheque for total payable, made payable to The London Institute of Banking & Finance
- I will pay 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

USING YOUR PERSONAL INFORMATION

We will use and protect your personal data in accordance with current data protection legislation to process your application. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our Privacy Notice (www.libf.ac.uk/privacy).

DECLARATION

I declare that the information contained in this form is true and accurate, consent to the processing and use of personal data as outlined in the Privacy Notice and accept our terms and conditions.

Signed* _____

Date _____

*Please note that all unsigned forms will be returned and will cause delay in the processing of your registration.

OFFICE USE ONLY

Date Received _____

Processed By _____

Date Processed _____

Payment Successful Yes No N/A

Reason Adjustments sent Yes No N/A