

Certified Documentary Credit Specialist (CDCS®)

Registration and payment form

To register please complete the form in BLOCK capitals and either fax back to +44 (0) 1227 784331 or post to:
 Customer and Student Services, Institute of Financial Services, **ifs** House, 4-9 Burgate Lane, Canterbury, Kent, CT1 2XJ United Kingdom.

YOUR DETAILS			
Title (eg Mr)	_____	First name(s)	_____
Last name	_____		
Date of birth	_____	Nationality	_____
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	OFFICE USE ONLY	D C _____
Your name as you wish it to appear on the completion certificate and on correspondence			

CONTACT DETAILS			
Daytime tel*	_____	Evening tel*	_____
Mobile tel	_____	Fax	_____
Email address*	_____		
Security word	_____		
Please tick relevant prompt for security purposes <input type="checkbox"/> mother's maiden name <input type="checkbox"/> place of birth <input type="checkbox"/> memorable date			
*These fields must be completed.			

ADDRESS DETAILS			
Employer name	_____		
Job title	_____		
Address	_____		

Postcode/Zipcode*	_____	Country*	_____
Private address	_____		

Postcode/Zipcode*	_____	Country*	_____
Please indicate which address you would prefer us to use for correspondence: Private <input type="checkbox"/> Business <input type="checkbox"/>			
Please choose an address where your study materials can be signed for. You should avoid using a PO BOX number.			

PERSONAL INFORMATION
Do you consider yourself to have any special educational needs that may affect your studies and/or examination performance/attendance?
Yes <input type="checkbox"/> No <input type="checkbox"/>
(If you answer 'Yes' to this question a member of staff will contact you).

YOUR REGISTRATION
I wish to register for the following:
Certified Documentary Credit Specialist (CDCS®) <input type="checkbox"/>
Certified Documentary Credit Specialist (CDCS®) resit <input type="checkbox"/>

Name _____

CDCS EXAMINATION VENUE

Please indicate your preferred examination venue (not restricted to the list below).

Please indicate which of the venues listed below you would be prepared to attend if your preferred venue cannot be arranged:

CDCS® examinations will take place in the following locations, subject to demand. The Institute reserve the right to withdraw centres.

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

- | | |
|--|--|
| Australia (Sydney) | Romania (Bucharest) |
| Bangladesh (Dhaka) | Russia (Moscow) |
| Belgium (Brussels) | Saudi Arabia (Riyadh) |
| China (Beijing, Changsha, Chengdu, Dalian, Guangzhou & Shanghai) | Singapore |
| Cyprus (Nicosia) | South Africa (Johannesburg) |
| Egypt (Cairo) | South Korea (Seoul) |
| Germany (Frankfurt) | Spain (Madrid) |
| Hong Kong | Sweden (Stockholm) |
| India (Chennai, Mumbai & New Delhi) | Switzerland (Basel) |
| Indonesia (Jakarta) | Taiwan (Taipei) |
| Jordan (Amman) | Thailand (Bangkok) |
| Kenya (Nairobi) | Turkey (Istanbul) |
| Lebanon (Beirut) | UAE (Dubai, Sharjah) |
| Malaysia (Kuala Lumpur) | United Kingdom (London, Manchester) |
| Malta (Valletta) | Vietnam (Ho Chi Minh City) |
| Mauritius (Reduit) | |
| New Zealand (Auckland) | The Institute may be able to offer other exam venues, subject to demand. |
| Nigeria (Lagos) | |

FEES AND PAYMENT DETAILS

CDCS® registration (£450.00)	£ _____
International Booking fee* (£50.00)	£ _____
CDCS® resit (£275.00) (materials not included)	£ _____
International Booking fee for resit* (£20.00)	£ _____

TOTAL PAYABLE £ _____

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

Payment options

- I enclose a cheque/bank draft/postal order in sterling for the total payable, made payable to the **ifs** School of Finance.
- Bank transfer - please supply full details of your transaction so we can trace your payment.
- I authorise the **ifs** 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.

PRIVACY POLICY

The Institute of Financial Services is a division of the **ifs** School of Finance. The **ifs** School of Finance is the data controller and will process the data supplied on this form in accordance with the principles of the UK Data Protection Act 1998. By supplying your address, telephone, fax and email details you are giving your consent for us to contact you in any of those ways in connection with this application. We will not give details to third parties except where necessary for the fulfilment of your registration.

We will release assessment results and details of qualifications gained at the request of your employer or anyone else who has an interest in your academic progress. In addition, statistical data may be passed to other regulatory bodies.

On completion of your qualification, the **ifs** may publish details of the achievement of your award. Completion and submission of this form signifies your consent to the processing of this data in the manner outlined above.

I confirm that the information given on this form is correct and that I consent to the processing of my personal and examination data.*

Signed _____ Date _____

*Please note that all unsigned forms will be returned and will cause delay in the processing of your registration. From time to time, the **ifs** School of Finance may wish to send you information on its products and services that may be relevant to you. If you do not wish to receive further information, please tick the box: