

Appeal application and payment form

Please save a copy of this form to your computer and complete it on-screen before emailing it to support@libf.ac.uk. Alternatively, you can print a copy to complete in **BLOCK** capitals and scan and email it to support@libf.ac.uk.

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

CONTACT DETAILS

Preferred email address _____
Please provide a telephone number we can use to contact you if necessary:
Telephone no. _____ Mobile no.(if different from 'Telephone number') _____

APPEAL INFORMATION

The fee to make an appeal is £117.00. (Refundable if your appeal is upheld.)
I wish to appeal the outcome of:
Result enquiry Special consideration application Reasonable adjustment application Malpractice outcome
Statement of Professional Standing application / audit: Stage 1 Stage 2
Assessment name (if applicable): _____
Assessment date (if applicable): _____
Please provide full details of the circumstances that led to this application. Continue on a separate sheet if necessary

Please list any documents you are providing as evidence to support your claim:

Would you like The London Institute of Banking & Finance to return the enclosed documents? Yes No

