

Result Enquiry Application Form for Corporate & Professional Qualifications

Before completing this form you should read the The London Institute of Banking & Finance Enquiry Policy, which can be found upon our website, www.libf.ac.uk. If you would like a copy of this policy, or have any queries please contact us on +44 (0)1227 818609 or email support@libf.ac.uk

You must return the completed form together with payment within 10 working days of the receipt of your assessment result for it to be accepted.

Please submit your completed application form to Student Support Services, The London Institute of Banking & Finance, 4-9 Burgate Lane, Canterbury, Kent, CT1 2XJ, United Kingdom. Alternatively you can 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

*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

RESULT ENQUIRY INFORMATION

Assessment	_____	<input type="checkbox"/> Type 1 - Clerical check and Remark	Total due
	_____	<input type="checkbox"/> Type 2: Individual feedback report	£80.00
Date	_____	<input type="checkbox"/> Type 3: Type 1 and 2 together	£125.00
			£160.00

PAYMENT DETAILS

TOTAL PAYABLE

£ _____

Payment options

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.

I enclose a cheque for the total payable, made payable to The London Institute of Banking & Finance

I will pay by bank transfer (ensuring all bank charges are covered)

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

YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim. 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 result in a delay in the processing of your enquiry

OFFICE USE ONLY

Date form received _____

Is this with 10 days of the examination result issue to which it relates?

Yes No

Correct fee paid?

Yes No

Form received and processed by

Assessment Operations

Date _____