

Certified Documentary Credit Specialist (CDCS)

Registration and payment form 2011

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, **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 DC <input type="text"/>
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 the ifs 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 ifs 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 **ifs**/IFSFA reserve the right to withdraw centres.

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

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

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.

DECLARATION

The **ifs School of Finance** will process your data in accordance with the principles of the UK Data Protection Act (1998). We will not give details to third parties except where necessary for the fulfillment of your registration. We will release examination results and details of qualifications gained at the request of your employer, provider of tuition or anyone else who has an interest in your academic progress. When you receive your qualification, the **ifs School of Finance** or related body may publish your award. Completion and submission of this registration form signifies your consent to the processing of this data.

I confirm that the information given on this form is correct.

Signed _____ Date _____

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: