

Extension, Re-take or Re-Issue of ID Card

Application form

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

I AM TAKING THE FOLLOWING COURSE

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PERSONAL DETAILS

Name of Student	
Address	
Postcode	Country
Tel	Mobile
Fax	Email
Date of original application	

I WOULD LIKE TO APPLY FOR (PLEASE TICK AS APPROPRIATE)

<input type="checkbox"/>	Extension - Traintheinspector Material (12 months)	£100.00
<input type="checkbox"/>	Extension - Diploma in Coatings for Corrosion Control (12 months)	£275.00
<input type="checkbox"/>	Re-Take - ICorr Coating Inspector examination (1-2 papers)	£150.00
<input type="checkbox"/>	Re-Take - ICorr Coating Inspector examination (3-4 papers)	£275.00
<input type="checkbox"/>	Re-Take - Supplementary Inspection examination (including Fireproofing, Pipeline, Insulation, Hot-Dip Galvanising and Marine)	£125.00
<input type="checkbox"/>	Re-Take - Diploma in Coatings for Corrosion Control examination	£275.00
<input type="checkbox"/>	Re-Issue of ID Card	£50.00
		Total Fees £
		+ 20 % £
		Total £

INVOICE

Please send my company an invoice

VAT number required for EU countries

Address

Email

Tick here **PAYMENT** CHOOSE ONE OF THE FOLLOWING PAYMENT OPTIONS

<input type="checkbox"/>	I enclose a cheque for:	£	Made payable to MPI Group (Cheques must be in pounds sterling and drawn on a British bank)
<input type="checkbox"/>	UK Bank Transfer	I am making a payment free of all charges directly to the MPI Group bank account at: National Westminster Bank Plc, 19 Shaftesbury Avenue, London, W1A 4QQ, UK Account No: 06532381 Sort Code: 56-00-29	
<input type="checkbox"/>	EU/Non EU Bank Transfer	I am making a payment directly to the MPI Group bank account at: IBAN: GB35 NWBK 5600 2906 5323 81 Swift Code: NWBK GB2L Account No: 06532381 Sort Code: 56-00-29 Account Name: MPI Group Bank Name: National Westminster Bank Address: 19 Shaftesbury Avenue, London, W1A 4QQ, UK Bank Plc	
<input type="checkbox"/>	Credit Card	Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/>	
		Name of Card Holder:	
		Card Number:	
		Expiry Date	Valid Date
Billing Address of Card Holder (If different to application)			

Payment must be received prior to the preferred start date

I include 2 passport photos and a copy of my CV. I confirm that the statements made by me on this form are correct. I agree to abide by the course terms and conditions

Signature _____ Date: _____

The fully completed application form and payment should be returned to MPI Group at the address below, by email or fax.

Data Protection: We would like to keep you informed of MPI Group's products and services and may also from time to time make your details available to carefully screened companies who may be of interest to you. However, if you specifically do not wish your details to be used, please tick here:



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