

# Renewal Form

PLEASE COMPLETE IN BLACK INK AND BLOCK CAPITALS

<b>PERSONAL DETAILS</b> (2 passport sized photographs required)			
Surname		Forename	Title
Sex	Nationality	Country of Permanent Residence	
<b>CONTACT DETAILS</b>			
Correspondence Address			
Postcode		Country	
Tel		Fax	
Email		Mobile	
Company/Employer		Position	
Work phone No		Work email	
I would like to renew my certificate – fees due with application + 20% VAT (where applicable)			
<input type="checkbox"/>	ICorr Coatings Inspector Level 1	£275.00	
<input type="checkbox"/>	ICorr Coatings Inspector Level 2	£275.00	
<input type="checkbox"/>	ICorr Coatings Inspector Level 3	£275.00	
<input type="checkbox"/>	IMO PSPC Certificate (MSC 215(82) and IACS UI SC 223)	£275.00	
<input type="checkbox"/>	Coating Supervisor	£100.00	
<input type="checkbox"/>	Trainer - SSPC Train the painter	£100.00	
<input type="checkbox"/>	Trainer - IMO PSPC	£100.00	
		<b>Total Fees: £</b>	
		<b>+ 20% VAT: £</b>	
		<b>Total : £</b>	
<b>CERTIFICATE DETAILS</b>			
Certificate Number			
Candidate Number			
Date of Expiry			

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