

## State of Play

Company name (Centre number):  
As at Date

Address:

### Completed Learners:

Please enter the details of all students who have completed all PMI qualifications/exams you offer within the past year in this section.

Name	PMI ID	Qualification	Module	Pass/Fail	Start Date	Prospective Finish Date
<i>*A Smith</i>	<i>546455</i>	<i>CPC</i>	<i>Retirements 1</i>	<i>Pass</i>	<i>12/09/2018</i>	<i>03/03/2019</i>

\*Example of information required

\*\* For APE/CPE and Vocational Qualifications Candidates need to be registered at least 10 weeks before claiming certification to ensure/show a period of learning has taken place.

Current Learners:

Please enter the details of all students who are currently taking PMI exams including the last exam they have taken, followed by any exam they plan on taking this year.

Name	PMI ID	Qualification	Qualification Start date	Last exam completed	Next planned exam	Preferred date for planned exam
<i>*A Smith</i>	<i>546455</i>	<i>CPC</i>	<i>12/09/2018</i>	<i>Retirements 1</i>	<i>Retirements 2</i>	<i>16/03/2020</i>

\*Example of information required

\*\* For APE/CPE and Vocational Qualifications Candidates need to be registered at least 10 weeks before claiming certification to ensure/show a period of learning has taken place.



VQ CENTRE DECLARATION AND  
ANNUAL CENTRE FEE

Centre Name & Address:

Centre Contact:

I attach payment of ..... in respect of the annual fee, for this centre for 2020.

I confirm that this centre (in case of multiple site centres the declaration covers all satellite sites as well) agrees to comply with the conditions, regulations and rules connected with the qualification the centre(s) run.

Signed.....

Date.....

Please complete and return this sheet and the attached payment form to

Alim Uddin  
Pensions Management Institute  
Floor 20  
25 Old Broad Street  
London  
EC2N 1HD