

PMI APPROVED CENTRES

NEW CENTRE CONTACT
LOCAL CONTACT (MULTI-SITE ONLY)
ADDITIONAL INVIGILATOR
MENTOR FORM



Pensions
Management
Institute

ACHIEVING PENSIONS EXCELLENCE

PLEASE USE THIS FORM TO NOTIFY PMI OF A CHANGE TO THE CENTRE CONTACT AND/OR OF ANY ADDITIONAL INVIGILATORS AT YOUR CENTRE. **MULTI-SITE CENTRES ONLY** - PLEASE STATE AT WHICH LOCATION THE INVIGILATORS/CENTRE CONTACT WILL BE BASED. PLEASE COULD THEY ALSO READ THE DATA PROTECTION STATEMENT AND SIGN AS CONSENT TO THEIR PERSONAL DETAILS BEING HELD ON THE DATABASE FOR THE PURPOSES DETAILED IN THE DATA PROTECTION STATEMENT.

PERSONAL DETAILS

CENTRE NAME		CENTRE NUMBER	
MR/MRS/MS/MISS			
OTHER NAMES			
SURNAME			
TELEPHONE NUMBER			
E-MAIL ADDRESS			
MULTI SITE CENTRE ONLY – CENTRE LOCATION			
CENTRE/LOCAL CONTACT, INVIGILATOR OR MENTOR?			
SIGNATURE			

MR/MRS/MS/MISS			
OTHER NAMES			
SURNAME			
TELEPHONE NUMBER			
E-MAIL ADDRESS			
MULTI SITE CENTRE ONLY – CENTRE LOCATION			
CENTRE/LOCAL CONTACT, INVIGILATOR OR MENTOR?			
SIGNATURE			

PLEASE SEND THE COMPLETED FORM TO MAUddin@pensions-pmi.org.uk

CENTRE CONTACT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DATE
RECEIVED

INPUT BY

CHECKED BY

DATA PROTECTION STATEMENT

The Pensions Management Institute is registered under the Data Protection act and maintains a database to:

- Administer the qualification
- Enable information to be exchanged between you and the Institute
- Register you with the relevant accrediting body.

Information may be exchanged with:

- The examination centre you are assigned to
- The relevant accrediting bodies
- Regional groups

We may wish to contact you with information on other services the Institute provides, which may be of interest to you. If you do not wish to receive any other information, please tick this box.

DECLARATION

I hereby apply for registration as a candidate and declare that all information given in this form is correct and I consent to my personal details being held on the database for the purposes detailed in the Data Protection Statement above.

SIGNED _____ DATED _____