APPLICATION TO ADD A SATELLITE CENTRE TO AN EXISTING MAIN CENTRE

Pensions Management Institute
ACHIEVING PENSIONS EXCELLENCE

NOTE: If the main centre is not based in Scotland then it is not possible to add a Scottish based satellite centre to the main centre – it has to be a centre in its own right – please therefore complete the Centre Approval Form

CENTRE DETAILS

CENTRE NUMBER AND NAME OF MAIN CENTRE	
ADDRESS OF NEW SATELLITE CENTRE	
TELEPHONE NUMBER	
QUALIFICATION TO BE OFFERED AT SATELLITE CENTRE	
QUALIFICATION(S) ALREADY OFFERED BY MAIN CENTRE	

PLEASE PUT A BRIEF OVERVIEW OF HOW YOU INTEND TO PROVIDE THE TRAINING AND ASSESSMENT REQUIRED FOR THIS QUALIFICATION AT THE SATELLITE CENTRE

QUALIFICATION TEAM

NAME	DATE OF BIRTH	PROPOSED ROLE IN TEAM	SIGNATURE

INVIGILATOR TEAM – EXAMINED UNITS ONLY

IF YOU INTEND TO OFFER EXAMINED UNITS TO YOUR CANDIDATES PLEASE ENTER THE NAMES OF YOUR PROPOSED INVIGILATOR BELOW		

SIGNED	
NAME (IN BLOCK CAPITALS)	
POSITION IN ORGANISATION	
DATE	

DATA PROTECTION STATEMENT

PLEASE COULD CENTRE CONTACT AND THE QUALIFICATION TEAM MEMBERS READ THIS CAREFULLY AS BY SIGNING THIS FORM THEY ARE AGREEING TO.

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

Information may be exchanged with:

Your centre personnel
The external verifier assigned to your centre
The relevant regulatory bodies
Regional groups

FEES

Centre satellite registration fee of £400 per satellite added

Total amount £………….

Please return this form together with the completed payment page (attached) to the Qualifications Department

E-Mail: **MAUddin@pensions-pmi.org.uk**

FOR OFFICE USE ONLY

CENTRE NUMBER	
FEE	
DATE RECEIVED	
INPUT BY	
CHECKED BY	

PAYMENT METHOD

Centre number [ ]　　**Centre Name** [ ]

Payment made by: Company (if so please state) [ ]　Individual [ ]

Payment has been made by:

[ ] I would like to pay by credit / debit card, details are:

　　Type of card (please tick)　　Mastercard [ ]　　Visa [ ]　　Debit card [ ]　　Amex [ ]

　　Card Number: [ ][ ][ ][ ]　[ ][ ][ ][ ]　[ ][ ][ ][ ]　[ ][ ][ ][ ]

　　Start Date: [ ][ ] / [ ][ ]　　End Date: [ ][ ] / [ ][ ]

　　3 Digit Security Code: [ ][ ][ ]　(4 digit for Amex only)

　　Name on card: [ ]

　　Signature: [ ]

　　Daytime contact number: [ ]

OR

[ ] I would like to pay by BACS, details are:
Account Name: [ ]

PMI bank account details: HSBC Bank plc, 100 Old Broad Street, London, EC2N 1BG
Sort code: 40-07-31　　Account number: 61146203
(Expected) Date payment made: [ ]

Please ensure your surname, PMI member number or invoice number is given as a reference on the BACS payment.

For office use only:

PMI Company Number	Amount	Date Received	Date Acknowledged
C			