

# Result Enquiry Application Form for Regulated Advice & Specialist Qualifications

Before completing this form you should read the The London Institute of Banking & Finance Enquiry Policy, which can be found upon our website, [www.libf.ac.uk](http://www.libf.ac.uk). If you would like a copy of this policy, or have any queries please contact us on +44 (0)1227 829499 or email [enquiries@libf.ac.uk](mailto:enquiries@libf.ac.uk)

You must return the completed form together with payment within 10 working days of the receipt of your assessment result for it to be accepted.

Please submit your completed application form to Student Support Services, The London Institute of Banking & Finance, 4-9 Burgate Lane, Canterbury, Kent, CT1 2XJ, United Kingdom. Alternatively you can email it to [enquiries@libf.ac.uk](mailto:enquiries@libf.ac.uk).

YOUR DETAILS	
LIBF number (if known) _____	Title (Mr/Mrs/Ms etc) _____
First name(s) / Given name(s) _____	
Last name / Family name _____	
Previous name (Please tell us any previous name you have used that would help us link this registration to any other records we may hold for you) _____	
Date of birth* (DD/MM/YYYY) _____	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
*A date of birth is compulsory to activate your online account.	

CONTACT DETAILS	
Email address _____	
Please provide a telephone number we can use to contact you if necessary:	
Telephone no. _____	Mobile no. (if different from Telephone no.) _____
Security word _____	
Please tick relevant prompt for security purposes <input type="checkbox"/> Mother's maiden name <input type="checkbox"/> Place of birth <input type="checkbox"/> Memorable date	
*Please note that having a valid email address is a compulsory requirement of study.	

EMPLOYMENT	
Job title _____	
Employer / business name _____	

ADDRESS DETAILS	
Business address _____	
Postcode / Zipcode _____	Country _____
Home address _____	
Postcode / Zipcode _____	Country _____
Please indicate which address you would prefer us to use for postal correspondence: Business <input type="checkbox"/> Home <input type="checkbox"/>	

RESULT ENQUIRY INFORMATION		Total due
Assessment _____	<input type="checkbox"/> Type 1 - Clerical check and Remark	£80.00
Date _____	<input type="checkbox"/> Type 2: Individual feedback report	£125.00
	<input type="checkbox"/> Type 3: Type 1 and 2 together	£160.00

**PAYMENT DETAILS****TOTAL PAYABLE**

£ \_\_\_\_\_

**Payment options**

I authorise The London Institute of Banking & Finance to debit my Visa / MasterCard / debit card for the total payable

Card number               Expiry date   /   Valid from   /  Issue number    (if applicable) Security number\*   

Signed \_\_\_\_\_ Date \_\_\_\_\_

\*This is the last 3 digits found on the signature strip on the reverse of your card.

I enclose a cheque for the total payable, made payable to The London Institute of Banking & Finance

I will pay by bank transfer (ensuring all bank charges are covered)

Bank transfer information (please provide your details with the transfer so we can trace your payment):

Account Name: The London Institute of Banking &amp; Finance

Account Number: 10514632

Sort Code: 20-17-92

International Bank

Account Number (IBAN):GB22 BARC 2017 9210 5146 32

SWIFTBIC (Bank Identifier Code): BARCGB22

**USING YOUR PERSONAL INFORMATION**

We will use your personal information to process this appeal and may share details, as necessary, with third parties.

Additional details of how personal information is used can be found within the Data protection / privacy statement on our website ([www.libf.ac.uk](http://www.libf.ac.uk)).

**DECLARATION**

I confirm that the information given on this form is correct and that I consent to the processing of my personal data.

Signed\* \_\_\_\_\_ Date \_\_\_\_\_

\*Please note that all unsigned forms will be returned and will cause delay in the processing of your registration.

From time to time, The London Institute of Banking & Finance may wish to send you information on its products and services that may be relevant to you. If you do not wish to please tick this box.

**OFFICE USE ONLY**

Date form received \_\_\_\_\_

Is this with 10 days of the examination result issue to which it relates? Yes  No

Correct fee paid? Yes  No

Receipt acknowledged Date \_\_\_\_\_

Student advised enquiry will be completed by Date \_\_\_\_\_

Form received by Awards and Curriculum on Date \_\_\_\_\_

Assessment form printed and passed for checking Date \_\_\_\_\_

Feedback report requested on Date \_\_\_\_\_

Checked assessment form and report received Date \_\_\_\_\_

Result upgrade Yes  No 

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Student advised of outcome \_\_\_\_\_ Date \_\_\_\_\_