

Please complete in BLOCK CAPITALS

DEFERRAL APPLICATION

Name:.....

Employer:.....

Course:.....

**1. Workshops, Revision Days and Tuition**

I would like to defer my attendance **to** the following session(s)\* (please select as appropriate):

	Date	Centre
<input type="checkbox"/> Workshop 1		
<input type="checkbox"/> Workshop 2		
<input type="checkbox"/> Workshop 3		
<input type="checkbox"/> Revision or Computation Day		
<input type="checkbox"/> Face-to-face tuition		
<input type="checkbox"/> Virtual Classrooms (only for those registered on the virtual classroom format of the STEP Certificate in Ant-Money Laundering)		

*Please ensure that CLT International are informed of any dietary requirements for attendance at workshops/tuition*

**2. Assessment**

I would like to defer my assessment **to** the following date\* (please select as appropriate):

	Date	Centre
<input type="checkbox"/> Assignment		
<input type="checkbox"/> Examination		

- There will be a **new** assignment title published for each intake
- ***If you have any special requirements which need to be accommodated in an examination, please ensure you apply for these***
- All fees can be found on the Terms and Conditions of Enrolment, and all dates can be found on the course pages of the CLT International website. Please visit [www.cltint.com](http://www.cltint.com)

**3. Payment of Relevant Fees** (Please note that payment must be made with your application. Applications will **not be processed without payment**)

Please tick the appropriate box:

Employer funding

Self-funding

Please provide your postal address for invoicing:.....  
.....  
.....

**Payment Method:**

Cheque/bankers draft

- All cheque payments to be made payable to Wilmington Shared Services Ltd.

Credit/Debit Card (*Visa/MasterCard*) (delete as appropriate)

Name on Card:  
Credit Card No:  
Security Code:  
Card Type:  
Issuing Bank:  
Card Expiry Date:  
Payment Amount: £

Signature of Card Holder: \_\_\_\_\_

Electronic Bank Transfer

- Please supply a remittance advice with payments quoting the invoice number (if known) or your candidate ID number as the reference.

Account Name: Wilmington Shared Services Ltd  
Receipts Bank: Barclays Bank PLC  
Sort Code: 202062  
Account No: 63867870

**4. Authorisation**

**Signature of applicant:**..... **Date:**.....

**Signature of employer (if funding):**..... **Date:** .....

**On completion of this form please return to:**

CLT International Ltd, Wrens Court, 52/54 Victoria Road, Sutton Coldfield, Birmingham, B72 1SX, ENGLAND  
**Tel:** +44 (0)121 362 7733      **Fax:** +44 (0)121 362 7510      **Email:** [cltinternational@centlaw.com](mailto:cltinternational@centlaw.com)