

FULLY COMPLETED applications must show your payment choice, and include a copy of the requested documentation, which you may forward by e-mail to: admin@iwcf.org, or by Fax or mail to the address at the foot of this form.

Candidate Details			
Full Name:			
Place of Birth		Date of Birth	
Certificate Number		Issue Date	
Postal Address Details:			
House Name/Number:		Post Office Box Number	
Street:		Town/City:	
County/State:		Postcode:	
Country:			
Email Address:			

I, the above named person, confirm that the above details are correct and that I have enclosed:

1. Copy of My Passport clearly showing the photograph and the details above.
2. Payment. To the value of PDS 25.00

Please forward the Letter of Certification to the above address.

Name	Signature	Date

Please note that in accordance with the Data Protection Act 1998, the IWCF will only supply a Letter of Certification if all the boxes for "Applicant Details" have been fully completed.

PAYMENT OPTIONS

1. **Electronic Funds Transfer:**

a) **GB Pounds/ US Dollars:**

To: Bank of Scotland, High Street, Montrose, Angus, Scotland.

Account Name: International Well Control Forum, Bank Location Code: 80-17-59, Account Number: 00787778, IBAN Number:- IBAN GB25 BOFS 8017 5900 7877 78, SWIFT BIC Code:- BOFSGB21152

2. **Payments by Post from outside the United Kingdom.**

a) Cheques or Bankers Drafts should be made payable to: "INTERNATIONAL WELL CONTROL FORM" and forwarded to the address at the foot of this form.

- i) Sterling Cheques must be drawn on a United Kingdom bank account.
- ii) Bankers Drafts must be drawn for payment on a United Kingdom bank.

3. **Credit Card Payments.**

Please complete the following details and fax or mail a copy to the address shown at the foot of this form.

Accepted Debit/Credit Cards - (Please tick one box)

VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>	SWITCH	<input type="checkbox"/>	SOLO	<input type="checkbox"/>	DELTA	<input type="checkbox"/>	VISA ELECTRON	<input type="checkbox"/>
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Debit/Credit Card Payment Details

Card Holder's Name:					Contact Name:				
Telephone Number:					e-mail address:				
Card Number					Card Issuing Bank				
Card Issue Date:	Month		Year		Card Expiry Date:	Month		Year	
Card Issue Number* (If shown on card)				Three Digit Security Number (Back of Card)					

I, the above named person, authorise the International Well Control Forum, Montrose, Scotland, to charge my Debit/Credit Card Account.

Name	Signature	Date