



# Certificate Program – Wall Certificate Request Form

**Please complete and fax or mail form to CSI:**

**Fax:** 1 (866) 866-2660 (Canada & USA) or 416-359-0486

**Address:** 200 Wellington Street West, 15th Floor  
Toronto, ON, M5V 3C7

**PERSONAL INFORMATION \*\*\*Mandatory Information\*\*\* (Please use CAPITAL letters.)**

Student Number :  Identity Verification: Birthdate (yyyy/mm/dd):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Note: Please indicate your name (including any initials used) exactly as it appears on your government-issued photo ID.**

Gender:  Female  Male  Non-Binary

Language preference for communication:  English  French

**Your email address is required to provide confirmation and access to CSI tools and resources.**

Preferred Email Address: \_\_\_\_\_ Alternate Email Address: \_\_\_\_\_

Home Telephone:  Business Telephone:

**Business Address** (If applicable: Branch Transit Number: \_\_\_\_\_ Employee Number: \_\_\_\_\_)

Job Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite/Floor: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Home Address**

Street Address: \_\_\_\_\_ Suite/Apt.: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

To which address would you like us to send your Wall Certificate:  Business Address  Home Address

**WALL DOCUMENT**

Please specify the Certificate Program for which you are requesting the Wall Certificate : \_\_\_\_\_

**NOTE: Wall Certificates are issued in your language of preference for communication.**

[PLEASE REFER TO PAGE 2 FOR PAYMENT INFORMATION](#)

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**PAYMENT METHOD**

All fees are in Canadian funds and can be paid by money order, certified or corporate cheque, Visa, MasterCard or Amex. Please make money orders, certified or corporate cheques payable to CSI Global Education. CSI cannot process forms received without payment information or proper payment.

**Please include: Fee of \$30.00 Plus Applicable Taxes \* for each Wall Certificate requested. This fee is non refundable.**

**\* NOTE: Please refer to [https://www.csi.ca/student/en\\_ca/student/policies/fees.shtml](https://www.csi.ca/student/en_ca/student/policies/fees.shtml) - Tax Information**

I am paying with a:  Money Order  Certified Cheque  Corporate Cheque, in the amount of: \$ \_\_\_\_\_

Please charge my:  Corporate Customer Account Number (Only if payer is employer) No: \_\_\_\_\_ \$ \_\_\_\_\_

I am paying with a credit card:  Visa  MasterCard  Amex \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiry Date (Month/Year): \_\_\_\_\_

Name of card holder: \_\_\_\_\_ Signature: \_\_\_\_\_

Check if you are faxing this form. If you are faxing this form, you must pay by credit card. Do not mail this form to CSI if you are faxing it.  
*Doing so may result in you being charged twice.*

**IMPORTANT: As required by Payment Card Industry (PCI), CSI is unable to accept forms (with payment) received by email.  
Forms with payment information will be deleted immediately. Please fax or mail in your form to avoid delay.**

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**PRIVACY POLICY**

I have read CSI's *Policies and Guidelines* including the *Refund Policy*, *Privacy Policy* and *Student Code of Conduct* described on the website at [www.csi.ca](http://www.csi.ca) and agree to abide by the rules and regulations outlined in it.

CSI's **privacy policy** is designed to protect your personal information. This policy describes the personal information that CSI requires, how it will be used and under what circumstances it may be distributed to third parties. Very briefly, CSI needs to obtain certain information about you to enrol you in a course and to match your results to your academic file. Without it, we cannot accept you as a student as we wouldn't be able to create a student record for you. We will ask for information such as your name, address and credit card number. We will only ask for the information we need, we will keep it safe and we will not sell or distribute it to anyone else. We may share it with our suppliers to better serve you, to compile records or to report to the regulators. We will not give any information to your employer unless you complete the information release consent form, or breach CSI's *Student Code of Conduct*.

*By signing below, I confirm that I understand and consent to the collection, use and disclosure of my personal information by CSI and I agree to abide by the CSI Student Code of Conduct.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you choose not to allow CSI to collect, use and disclose your personal information you will not be able to enrol in a course but may still have options open to you. Please call 1-866-866-2601 (Canada & USA) or 416-364-9130.

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**INFORMATION RELEASE CONSENT** (Release of your information to employers or educational institute)

In addition to CSI's Privacy Policy above, I hereby consent to CSI disclosing to my current or future employer or educational institute my personal information as to: (i) my status with CSI and (ii) my performance in CSI courses. I acknowledge I may be eligible for preferred pricing rates negotiated between CSI and my employer and I understand that I must accept this agreement to receive such pricing. I further understand that CSI may contact my employer about my eligibility for discounted pricing rates. Further, I consent that from time to time I may be contacted by my employer or CSI for the purpose of (i) providing personal information to CSI to allow it to consolidate and calculate my compliance with regulators' education requirements of me, and (ii) disclosing such information to my employer to facilitate management of its compliance requirements with regulators. The consent provided herein may be revoked, in whole or in part, by me by providing CSI with ten (10) business days prior written notice delivered to 625, René-Lévesque Blvd West, Suite 400, Montreal (Quebec) H3B 1R2, CANADA, attention: *Customer Support*. By doing so, I acknowledge that I may continue to enrol in and subscribe for CSI's academic services but that (i) CSI's academic services will not be made available to me at a discount, and (ii) I will be responsible for paying the incremental fees applicable to private students.

*By signing below I confirm that I have read and consent to the terms and conditions of this Information Release Consent.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_ Manager's Name: \_\_\_\_\_ Manager's Telephone: \_\_\_\_\_