



# Certificate in Small Business Banking Application 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

You may also apply online at [www.csi.ca](http://www.csi.ca)

Online applications will calculate the appropriate taxes and/or discounts where applicable.

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

Student Number : \_\_\_\_\_

Identity Verification: Birthdate (yyyy/mm/dd): \_\_\_\_\_

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

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

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

Gender:  Male  Female

Language preference for communication:  English  French

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

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

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**Business Address**

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 Certificate:  Business Address  Home Address

**REQUIREMENTS**

To be eligible for the Certificate in Small Business Banking you must have successfully completed:

	Date Completed
<input type="checkbox"/> Understanding the Small Business Environment (USBE).....	_____
<b>- AND -</b>	
<input type="checkbox"/> Building Relationships with Small Business Clients (BRSB).....	_____
<b>- AND -</b>	
<input type="checkbox"/> Small Business Operations and Financial Analysis (SBOF).....	_____
<b>- OR -</b>	
<input type="checkbox"/> Small Business Lending (SBL).....	_____
<b>- AND -</b>	
<input type="checkbox"/> Delivering Small Business Solutions (DSBS).....	_____
<b>- AND -</b>	
<input type="checkbox"/> Small Business Banking Certificate Examination (SBBE).....	_____

**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 \$30.00 Plus Applicable Taxes \* (This fee is non-refundable.)**

**\* NOTE: Please refer to [https://www.csi.ca/student/en\\_ca/student/policies/fees.xhtml](https://www.csi.ca/student/en_ca/student/policies/fees.xhtml) - 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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**AGREEMENT REGARDING THE USE OF THE CERTIFICATE IN SMALL BUSINESS BANKING**

- I acknowledge that The Certificate in Small Business Banking is owned and administered by CSI Global Education. I understand that the certificate is not a designation and does not reflect nor indicate job function or provincial securities registration.
- I understand that as a holder of the certificate I may advise clients that I hold the Certificate in Small Business Banking, which however, does not entitle me to the use of the letters with or after my name.
- In accepting the certificate, I undertake to use the certificate in the normal conduct of business and understand that use contrary to these terms will not be accepted or condoned by CSI. Further I agree that if I breach these terms CSI may suspend or revoke my right to use the certificate upon written notice to me and if deemed applicable, notice of suspension or revocation of the certificate may be sent to the appropriate authorities.

I acknowledge the information I have provided in this form is accurate and true.

Applicant's signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

It is recommended that you keep a copy of this application for reference purposes.