



Replacement of Certificate 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: Male Female

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

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

CERTIFICATE

Please specify what Certificate you wish to replace: _____

PLEASE REFER TO PAGE 2 FOR PAYMENT INFORMATION

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 note that a fee of \$50.00 is applicable for each Certificate requested.

Please include: Fee Plus Applicable Taxes*

*** NOTE: Please refer to 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.**

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 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.

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: _____