



# Institute of Professional Investigators

## TRACING COURSE

Please complete in ink in BLOCK CAPITALS.

Title (Mr, Mrs etc)

Address

First name and initials

Last name

Post Town

Preferred name (if different)

Post Code

Email address

County

Telephone Number

Country

Fax Number

Mobile Number

IPI Foundation Course Fee:

Total £150.00

### PAYMENT

We can accept payment by cheque OR Credit Card, if via cheque, please forward the necessary sum with this completed form. If via Credit Card please complete the following prior to submission of this form.

VISA

MASTERCARD

please tick box as appropriate

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Please note your Credit Card number here

Expiry Date

3 Digit Security No  
*on reverse of card*

I authorise the IPI to debit my credit card with £ \_\_\_\_\_ (please insert sum)

Name on the Card

Signed

Date

Institute of Professional Investigators

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