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**PSL/33 - Verification of photograph and signature supplied for PCN Wallet Card**

**PLEASE NOTE THAT ALL PHOTO ID CARDS ARE VALID FOR A PERIOD OF 10 YEARS**

This form and the signed photograph are to be returned to PCN.

Candidate's PCN number:		Date of Birth:	
Candidate's family name:			
Given name(s):			
Email address:			
Telephone number:			
Address:			
Signature			

**NOTE:** BINDT will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to BINDT will not be passed on to a third-party without your permission.

BINDT would like to contact you from time to time to let you know about its other services that may be of interest, such as special offers and discounts, events and new products. If you are happy to be contacted by BINDT, please indicate by ticking the box below:

I am happy for BINDT to contact me with information that may be of interest [  ]

You can subscribe or unsubscribe at any time, simply let us know.

**Please send 1 passport size photo and sign in the below box. Please ensure signature does not go outside of the signature box.**

I, (full name of witness) \_\_\_\_\_

Verify that the signed photograph is a good likeness of the person who signed, with the same signature and in my presence, the reverse of the photograph and in the signature box. I also confirm that I am not related in any way to the certificate holder.

Occupation of witness:	
Address:	
Email address:	
Telephone contact number:	
Signature:	

**The PCN record of Certification, issued to successful examination candidates, is valid only when presented with a PCN wallet card bearing a recent photograph of the holder.**

1. A candidate for PCN examination will provide one passport photograph and will sign the above signature box when attending examination.
2. In other circumstances (e.g. 10 year renewal of the ID card), in order that PCN may issue a wallet card, the present or prospective certificate holder is required to sign, in the presence of a witness\*, the above signature box provided (leaving all other parts blank), and to sign, in the presence of the same witness, the reverse of one passport photograph of the certificate holder.

\* The witness must be an employer, PCN official (individuals listed on AQB scope of approval incl. administrators), a bank employee, doctor or other professional person not related to the certificate holder.

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**For PCN internal use only** (retain for three months from date of dispatch of wallet card).

PCN number: \_\_\_\_\_ Date received: \_\_\_\_\_ Date dispatched: \_\_\_\_\_