

## **Exemption Request Form**

Fill in your personal details	
Title: Dr, Mr, Mrs, Ms, Miss, Other (delete	as appropriate)
Forenames:	Family name:
CIM Membership Number:	
Course Title: (Diploma in Digital Marketinç	g etc.)
Exemption request	
I would like to request exemption from the Please find enclosed documentation to su	<del>-</del>
Please enter a 'tick' in the box to indicate	the documents included
☐ University degree certificate /or Unive	rsity transcripts*
☐ Official Translation documents (where	e not in English)
(*Indicates required documents. All docum	nents should be copies)
Your payment details	
Exemption fee for this unit is £85	
I wish to pay by cheque	
I enclose a cheque for $\Sigma$	payable to The CAM Foundation
I wish to pay by credit/debit card*	
Please indicate type of card.	
Visa Mastercard Delta Mae	stro/Switch American Express Visa Electron or Solo
I authorise you to debit my credit/debit card with th	ne amount of £
My credit/debit card number is:	
Valid from Expires	ssue number (for Maestro/Switch/Delta/Connect)
Security code (Use last three digit use the four digit verification numbers)	s on the reverse of your card. For American Express, per on the front of your card)
Signature:	Date:

Please post your completed form to: The CAM Foundation, Moor Hall, Cookham, Maidenhead, Berkshire, SL6 9QH

