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## PCN REGISTERED UPDATE SCHEME – RENEWAL NOTICE

Your subscription in respect of the above scheme was/is [delete as appropriate] due for renewal on [date].

In order to renew your subscription to the scheme please complete [and submit](#) the attached form to [BINDT](#) together with the current fee or your company order.

Applications should be posted or emailed to;

PCN Certification Records Office, Newton Building, St. Georges Avenue, Northampton, NN2 6JB, United Kingdom. [pcn@bindt.org](mailto:pcn@bindt.org).

(see document reference [PSL/35](#) – certification services fees).

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### PCN UPDATE SCHEME

### RENEWAL FORM (PSL/8D/2)

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Company name:

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Email address:

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Postal address:

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Tel:

Fax:

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Main contact:

Position:

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Signature:

Date:

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By completing and submitting this application form you are agreeing to subscribe to the PCN Registered Update Scheme for a further year. Please enclose the current the current annual fee or company order and send with the completed application to the above address.

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### FOR BINDT USE ONLY

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Date received:

Registration date:

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Invoice number:

Expiry date:

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Date invoice paid:

Date database updated:

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Remarks

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The British Institute of Non-Destructive Testing is an accredited certification body offering personnel and quality management systems assessment and certification against criteria set out in international and European standards through the PCN Certification Scheme.



**PAYMENT**

There is a charge for the issue of a duplicate certificate and ID cards details of which are published in PSL/35, which also describes methods of payment. Please forward completed application form and fee to the above address.

<b>Are you VAT registered?</b> Please provide VAT Number.	
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Payment type if not paying by card (please tick & complete as appropriate)

<b>Cheque Enclosed?</b>		<b>Bank Transfer (BACS)</b>		<b>Purchase Order Number</b>	
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<b>Credit/Debit Card (provide details below)</b>									
<b>Please tick the appropriate boxes:</b>									
<b>For payment by credit card (tick relevant box):</b>		Visa		MasterCard		Amex		Switch	
								Issue No.	
<b>Corporate/ company card</b>					<b>Personal Card</b>				
<b>Name as shown on the card:</b>									
<b>Card Number</b>									
<b>Signature of above named individual:</b>									
<b>Security code:</b> (Last 3 digits on the security strip on reverse of the card)									
<b>Card valid from:</b>									
<b>Card expiry:</b>									
<b>Billing address:</b> (Address the invoice will be sent to, if Corporate card then address of company and name of whom the invoice should be sent to)									
<b>Please debit the above credit/debit card for the amount shown (applicants must enter the correct amount, which can be ascertained from document PSL/35):</b>	£	:	(including VAT)						