



BPAD

Application Withdrawal Request Form

Please note that BPAD accreditation is assigned to an individual and a withdrawal application **will not be accepted** from companies or individuals **for change of employment** unless extenuating circumstances apply.

First Name:

Last Name:

ID Number:

Company Name:

Reason for withdrawal:

Individuals are advised at the time of application, and again at the payment section that there are no refunds for change of mind. Refunds will only be provided in extenuating circumstances.

Further:

- If your withdrawal is approved, it will be withdrawn completely and you cannot re-apply for 12 months from the withdrawal date or in line with any current suspension periods.
- If you choose to re-apply after this time, you will be required to pay the full application fee and complete the requirements of the relevant BPAD scheme.

Signature: _____ **Date:** _____/_____/_____

Office Use Only

| | | |
|--------------|------------|-------|
| Approved By: | Signature: | Date: |
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