



Investing in Quality Licence Withdrawal Form

Centre name	
Centre number	
Date of licence	
Date of withdrawal	
Reason for withdrawal	

I would like to inform NCFE that we will be withdrawing from the Investing in Quality Licence from the date stated above.

Centre contact signature

IIQ contact signature

For office use only

Part A only	
Part B	
Number of part B courses	
Number of part B learners last session	