

Request for Duplicate Certificate

NOTES

1. Duplicate Certificate Cost: \$2,000.00 per *programme/level/course* for each institution
2. Duplicate Certificate will be dispatched within 10 working days

Name of Participant:	Course Name:
Name at the time of course (if different from above)	Course Start Date:
Address	Course End Date:
Tel. # Home: _____ Work: _____ Cell: _____	Examinable? Yes: <input type="checkbox"/> No: <input type="checkbox"/> Date of request:
Participant's ID# _____	Method of Dispatch: Courier <input type="checkbox"/> Will collect <input type="checkbox"/> Scanned <input type="checkbox"/> NB: Courier Cost is that of the Applicant
Reason for request:	
FOR MIND USE ONLY	
Finance and Accounts Unit	Registry and Records Management Unit
Receipt # _____ (\$2000.00) Receipt Date: _____ Signature: _____	Approved for Dispatch by: Senior Manager, Registry and Records Management Signature: _____ Date: _____
Certificate Prepared by: Name: _____ Signature: _____ Date: _____	Method of Dispatch: Registered Postal Mail <input type="checkbox"/> Collected <input type="checkbox"/> Scanned <input type="checkbox"/> Postal Registration No.: _____ Signature: _____ Date: _____