

Request for Replacement of Certificate Form

Applicant Name (Underline Surname) Student ID Date of Birth

Address Contact No.

(Residential/ Mobile/ Pager/ Office*)

Collection

Self collect

Mail to address above

* Please delete accordingly.

Terms & Conditions

1. Requests must be accompanied by the full payment.
2. Please allow 5 working days for the processing of duplicate certificate.
3. For delivery by mail, please provide local address.
4. Postal delivery by NZ post is not guaranteed by RCDC.

Programme Details

Programme

Intake Full-time / Part-time*

Graduation Date

Type of Replacement

Duplicate Certificate (NZ\$50.00 cash/eftpos/cheque; NZ\$51.50 credit card)

Payment Mode

Cash

Cheque
(Cheque Number)

Credit Card

Applicant's Signature/ Date

For Official Use

Date Received

By Student Services: _____

Processed by: _____

Signature : _____

Remarks : _____