# **Replacement Certificate Request Form by Individual**

Please complete all sections of this form to provide as much information as possible, and provide a copy of candidate ID if a replacement certificate is requested due to a spelling error.

The fee payable is £35 for individuals making the application.

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| Centre Information |
| Centre Name |       |
| Cohort Number |       |

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| Candidate Information |
| Full Name |       |
| Full Name on the original certificate, if different to above |       |
| Date of Birth |       |
| Sex |       |
| Contact Telephone Number |       |
| Contact Email |       |

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| Qualification Information |
| Qualification Number and Title  |       |
| Unit number(s) and Title(s) of units achieved |       |
| Date qualification achieved, if not known please enter approximate date |       |

Select the reason for the replacement request:

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| Reason for Replacement/Re-Issue |
| [ ]  | **Spelling Error**A copy of the candidate’s ID and the original certificate must be sent with this form. |
| [ ]  | **Certificate Damaged**Explain how the certificate was damaged. The original certificate must be sent with this form. |
| [ ]  | **Other** Explain why a replacement/re-issue is requested.  |

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| Invoice Information |
| Name and address for invoicing      |

 **Applicant Declaration:**

[ ]  I confirm that the above details are correct and understand that it will not be possible to amend or cancel this order once it is placed.

[ ]  I understand that the processing fee is for a record search and is non-refundable whether or not the search is successful.

[ ]  I have provided my ID for authentication purposes together with this application. (Only applicable when the reason for replacement certificate request is a spelling error in the person’s name).

Return the original certificate to ProQual AB Ltd, address as below, and email the completed form and copy of candidate ID (if relevant) to centralsupport@proqualab.com

ProQual AB Limited, ProQual House, Unit 1, Innovation Drive, Newport, HU15 2GX
Company Registration Number: 07464445

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| --- |
| Name of Applicant |
|       |
| **Signature of Applicant** | **Date** |
|       |       |

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| Office Use Only |
| Invoice Number |       |
| ID Seen and Destroyed |       |
| Date Completed |       |