REPLACEMENT CERTIFICATE - REQUEST FORM

To request a replacement certificate please complete the details and payment information below. **Replacement certificates will incur a fee of \$11.00 each**

If you have **more** than two students please attach another copy of this form.

1. CANDIDATE DETAILS				
Candidate Name:	Candidate Nu	mber:		
Subject and Grade:	Exam Date: .			
Subject and Grade:	Exam Date: .			
2. CANDIDATE DETAILS				
Candidate Name:	Candidate Nu	mber:		
Subject and Grade:	Exam Date: .			
Subject and Grade:	Exam Date: .			
POSTAGE DETAILS				
Name:				
Postal Address:				
Email:				
Phone Daytime: Mobile:				
PAYMENT DETAILS	S			
I have enclosed a cheque / money order for:		□ x2	Cert \$22	2.00
<u> </u>	Cert \$33.00			
<u>OR</u>				
I authorise AMEB (NSW) to debit my credit card for: X1	Cert \$11.00	□ x2	2 Cert \$22	2.00
□ x3	Cert \$33.00	□ x4	1 Cert \$44	.00
Credit card type (please circle): Mastercard / Visa				
Card Number:				
Expiry Date:/				
Name on Card:				
Signature:	Date:	/	/	
(Please note: a Merchant Interchange Fee of 0.4% surcharge applies)				

PLEASE RETURN VIA EMAIL OR POST TO THE AMEB (NSW)

Level 6, 117 Clarence Street Sydney NSW 2000 • Phone: 02 9367 8456

Email: office@ameb.nsw.edu.au • www.ameb.nsw.edu.au • ABN 94 279 170 975

The AMEB (NSW) is an agency of the NSW Education Standards Authority