

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 Number:

Subject and Grade: Exam Date:

Teacher Name: Teacher Number:

2. CANDIDATE DETAILS

Candidate Name: Candidate Number:

Subject and Grade: Exam Date:

Teacher Name: Teacher Number:

POSTAGE DETAILS

Name:

Postal Address:

.....

Email:

Phone Daytime: Mobile:

PAYMENT DETAILS

I have enclosed a cheque / money order for: x1 Cert \$11.00 x2 Cert \$22.00

OR

I authorise AMEB (NSW) to debit my credit card for: x1 Cert \$11.00 x2 Cert \$22.00

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