**Certificate Replacement Application Form**

**Read the certificate replacement policy.**

**Fill the form correctly and completely**

**E-mail the application and the relevant documents to registrar@b-tic.uk**

**Applicant’s Details:**

**Name of the Applicant (Tic & Fill as appropriate)**

|  |  |  |
| --- | --- | --- |
| **Learner Name** |  |  |
| **Centre Name & Number** |  |  |
| **Other Parties** |  |  |

Note:- The learner should provide a consent letter if other party is applying.

**Leaner Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **First Name:** |  |
| **Date of Birth** |  | **Unique Learner Number** |  |
| **E-Mail:** |  | **Phone Number:** |  |
| **Address:** |  |
| **Postal Code** |  | **Country** |  |

**How would you like your name to appear on the certificate?**

|  |
| --- |
|  |

**Qualification Details**

|  |  |
| --- | --- |
| **Qualification Title** |  |
| **Qualification Number**  |  | **Completion Date****(If Known)**  |  |
| **Center Name**  |  | **Center Number****If Known** |  |

**Why do you need this certificate (Mark as Appropriate?)**

|  |  |
| --- | --- |
| Typographical Error in e- Certificate |  |
| Typographical Error in Printed Certificate |  |
| Lost or Misplaced |  |
| Damaged |  |
| I only have an e - Certified  |  |
| Other grounds  |  |

**Preferable Service**

|  |  |
| --- | --- |
| Regular Service (!0 Working Days to Courier) |  |
| Fast Track (2 Working Days to Courier) |  |

**Type of certificate (TIC as appropriate)**

|  |  |
| --- | --- |
| E-certificate |  |
| Printed Certificate  |  |

**How would you like to receive your certificate? (Fill as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| By e-mail  |  | Email ID  |  |
| By courier |  |  |  |
| Address |  |
| Post Code |  |
| Country |  |

**Documents Attached**

|  |  |
| --- | --- |
| Document Type  | Details  |
| ID Card |  |
| Passport |  |
| Driving License |  |
| Birth certificate |  |
| Consent Letter ( Other Party application) |  |
| Copy of Existing certificate ( If available)  |  |
| Other  |  |

**Declaration**

I have verified the above information is accurate and I understand that any incorrect information may delay the process of my certificate delivery

|  |  |
| --- | --- |
| Name of the Applicant  |  |
| Signature: |  | Date: |  |

**Office Use**

|  |  |  |
| --- | --- | --- |
| Application received date  | Invoice Number & date | Payment Details |
|  |  |  |
| Certificate Status  | Courier Statius & Signing off | Courier Tracking Number |
|  |  |  |
| Handling Staff Name  |  |
| Signature & Date  |  |