

Please complete this form in full.

APPLICATION FOR A CERTIFIED STATEMENT (lost qualifications)

STUDENT NUMBER:

SURNAME:

INITIALS:

NAME OF THE COURSES:

CELL / TEL. NUMBER:

FEE PAYABLE N\$ 580-00

SWORN DECLARATION attached

COPY OF ID attached

PROOF OF PAYMENT attached

.....
FULL NAME and SURNAME (student)

.....
SIGNATURE

.....
DATE

.....
REGISTRAR: IOL

.....
DATE