

Replacement Certificate Request Form

www.kaplanprofessional.edu.au

USE BLOCK LETTERS WHEN COMPLETING THIS FORM AND PLEASE KEEP A COPY

I request a replacement certificate* for the following study with Kaplan Professional:

Kaplan Professional

- Master of Applied Finance
- Graduate Diploma of Applied Finance
- Graduate Diploma of Financial Planning
- Graduate Certificate in Applied Finance
- Diploma of Financial Services – Financial Markets or Lending pathway
- Other _____

Finsia/SIA

- Master of Applied Finance and Investment
- Graduate Diploma of Applied Finance and Investment
- Graduate Diploma of Financial Planning
- Graduate Certificate in Applied Finance and Investment
- Graduate Certificate in Financial Planning
- Other _____

* Please note certificates are automatically generated and issued to students at graduation. This request is for replacement documents only.

PERSONAL DETAILS

Title: Dr/Mr/Mrs/Ms/Miss/Other: _____

Student ID: _____ First Name: _____

Last Name(s): _____ Date of Birth: _____

Company: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Email: _____

Phone Number: _____

Region in which you were enrolled: NSW/ACT VIC/TAS QLD WA SA/NT NZ INTERNATIONAL

Final subject completed: _____ Trimester/Year: _____

ADDRESS AT TIME OF STUDY

Company: _____

Mailing Address: _____

Suburb: _____ State: _____ Postcode: _____

PAYMENT DETAILS

The fee is **AUD \$100 per certificate**. Payment is due on application. All fees are subject to change without notice. GST is included where applicable.

Cheque Please make cheque payable to **KAPLAN**. Cheque No _____

Credit card: Mastercard Visa

Card Number _____ Expiry Date ____ / ____

Cardholder Name _____ Cardholder Signature _____

Note: You will be issued with your replacement document(s) within fifteen (15) working days of your request.

STUDENT DECLARATION

I hereby declare, in accordance with Provision of *Oaths Act, 1900*, that I am requesting a replacement document as indicated above, due to the original being lost, destroyed or not received. I confirm that the information provided by me in this form is true and correct to the best of my knowledge.

Student Signature _____ Date _____

PRIVACY – We recommend that you read Kaplan’s Privacy Policy published on our website www.kaplanprofessional.edu.au.

Return this form to Kaplan Professional via:

MAIL GPO Box 9995, Sydney NSW 2001

FAX 02 9908 0250

Application Assistance: 1300 135 798