

PDSESSIONS – APPLICATION FOR REPLACEMENT CERTIFICATE

Upon payment please treat this form as a tax invoice – Kaplan Education Pty Ltd. ABN 54 089 002 371

Personal Details

Mr / Mrs / Ms / Miss (please circle)

First name _____ Last name _____

Job title _____ Organisation _____

Address _____

Suburb _____ State _____ Postcode _____

Tel _____ (h) _____ (m) _____ Fax _____

Email _____ D.O.B. _____

Yes, please send me Kaplan Professional's quarterly e-newsletter and email updates.

I wish to apply for a replacement certificate for (insert which year you would like the certificate for): _____

COST: \$25 (GST free)*

Payment Details

I am paying **\$25.00** by:

Cheque (made payable to Kaplan Education Pty Ltd No. 1 Account) Cheque No. _____

Mastercard Visa

Card Number _____ Expiry Date ____ / ____ Total \$ _____

Cardholder's Name _____ Cardholder's Signature _____

* Prices valid until 31 December 2010.

Office Use Only

Date order received:	Date entered into database:	
Invoice number:	Invoice date:	R.O.C. number:

mail to GPO Box 9995, Sydney NSW 2001

fax to 02 8324 6359