

Replacement Certificate Declaration Form

Full Name: _____

Student ID Number: _____ Date Of Birth: _____

Declaration:

I _____ (full name) declare that the original certificate
for the NZTC qualification named below:

has been genuinely lost or misplaced and is not to my knowledge in my or any other person's possession.

I accept receipt of a replacement document in good faith and agree to immediately notify the College if the
original certificate is later located.

Signed: _____ Date: _____

Witness signature: _____ Date: _____

Occupation: _____

Address: _____ Suburb: _____

City: _____ Area Code: _____