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| Replacement Certificate Request Form | | | | | | | | | | | | | | | |
| Australian Centre for Advanced Studies Inc.  PO Box 189, Parkwood, WA 6147 Australia | | | | | | | Email:ross.woods@acas.edu.au | | | | | | | | |
| **Section 1 – Client Details** | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | Date: | | / / | |
| Address: | | |  | | | | | | | | | | | | |
| **Section 2 – Certification Details** | | | | | | | | | | | | | | | |
| I wish to apply for a re-print of a document: | | | | | | | | | | | | | | | |
| Qualification title/ course name: | | |  | | | | | | | | | | | | |
| Date of course: | | |  | | | | | | | | | | | | |
| Reason for re-print : | | |  | | | | | | | | | | | | |
| Document (Select one) | | | Qualification and Transcript of Results  Statement of Attainment | | | | | | | | | | | | |
| Units included (if known): | | | | | | | | | | | | | | | |
| Unit Code | | | | Unit Code | | | | | | Unit Code | | | | | |
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| Signature: |  | | | | | | | | Date: | | / / | | | | |
| **Section 3 – Fee and Payment Details** | | | | | | | | | | | | | | | |
| Documents will only be issued if payment is attached/confirmed Fee for reprint of documents: $AU 30.00 per certificate | | | | | | | | | | | | | | | |
| Please find enclosed a cheque for $AU30.00 payable to Australian Centre for Advanced Studies Inc  Postal address: PO Box 189, Riverton WA 6147, Australia | | | | | | | | | | | | | | | |
| Direct Transfer - BSB: 036-069 | Acct No: 235-064 | Acct Name: Australian Centre for Advanced Studies Inc | | | | | | | | | | | | | | | |
| **Admin Use Only** | | | | | | | | | | | | | | | |
| All fees paid : | | Yes | | | No | Signature: | |  | | | | | Date: | | / / |
| Certificate sent: | | Yes | | | No | Signature: | |  | | | | | Date: | | / / |
| Certificate copy filed: | | Yes | | | No | Signature: | |  | | | | | Date: | | / / |