



Request for Replacement Testamur and Record of Results or Statement of Attainment Form

Note:- Use this form if your Testamur has been lost, destroyed or damaged. Charges for certificate of replacement for a Testamur and record of results or Statement of Attainment are shown on this form. You should receive your Certificate of Replacement for a **Testamur and Record of Results or Statement of Attainment within 14 days** of lodging your application. If you require official documentation sooner, contact ACE at info@ace.vic.edu.au or at 03 9830 1414. Your certificate of replacement can only be issued in the name that appeared on the original certificate.

Student ID Number:	
Student Name:	
Mobile No:	
Email Address:	
Mailing Address: (for Certification)	_____

	City/Suburb _____ State _____
	Postcode _____ Country _____
Course Code & Name:	
Year:	
Certification Document Requested:	<input type="checkbox"/> Testamur and record of results <input type="checkbox"/> Statement of Attainment
Reason for Certification Document Replacement (Indicate the reason for requesting a certificate of replacement for a Testamur or Statement of Attainment (and check notes on right for additional requirements))	
<input type="checkbox"/> Testamur and record of results	<input type="checkbox"/> My Testamur has been lost or destroyed
	<input type="checkbox"/> My Testamur has been damaged and is enclosed with my application
<input type="checkbox"/> Statement of Attainment	<input type="checkbox"/> My Statement of attainment has been lost or destroyed
	<input type="checkbox"/> My Statement of attainment has been damaged and is enclosed with my application
Student Signature:	
Date:	



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Certification Document Replacement - Charges

Administrative charge for a Certification Document - Testamur and record of results - \$100

Statement of Attainment - \$50

Delivery charge for delivery to local address by registered mail - \$ 25

Delivery charge for delivery to overseas address by Express Courier International Documents - \$ 75

Delivery charge for collection - Nil

Payment Method: Please Tick one of the following :-

Bank Transfer

Bank Name	BSB Number	Account Number	Swift code
ANZ	013-381	902103949	ANZ BAU3M

Credit Card (Please note credit card payments will incur a 2% surcharge)

Master Card

Visa

Credit Card Payment Details

Credit Card Number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																																								
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Card Holder's Name																																									
Cardholder's Signature																																									

Re- Issuance & Recordkeeping

Payment Amount:		Date Received:	_ _ / _ _ / _ _ _ _
USI Verified on SMS:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Certification:	<input type="checkbox"/> Testamur and record of results <input type="checkbox"/> Statement of Attainment		
Replacement Issue Date:			
Administrator Name:			
Administrator Signature :			