

CARIBBEAN EXAMINATIONS COUNCIL

APPLICATION FOR REPLACEMENT CERTIFICATE OR DIPLOMA

This form must be completed in ink by the candidate and returned with enclosures to the **REGISTRAR, CARIBBEAN EXAMINATIONS COUNCIL HEADQUARTERS, THE GARRISON, ST MICHAEL, BARBADOS.**

The application will be processed only if all sections of this form are completed.

The candidate must submit together with the completed form –

- (i) a photocopy of his/her birth certificate or passport;
- (ii) the damaged or defaced certificate, if applicable;
- (iii) the applicable processing and courier fees (see Section D for applicable payments).

SECTION A

NAME AND ADDRESS DETAILS TO BE COMPLETED BY CANDIDATE

MR/ MRS/ MISS/ MS/ OTHER ()

FULL NAME AT TIME OF EXAMINATION:

SURNAME	FIRST NAME	MIDDLE NAME

CURRENT SURNAME (if different)

DATE OF BIRTH

ADDRESS:

EMAIL ADDRESS:

DAYTIME TELEPHONE NO(S):

AREA CODE:

NO(S).

SECTION B

EXAMINATION DETAILS TO BE COMPLETED BY CANDIDATE

MONTH/YEAR OF EXAMINATION:

NAME OF SCHOOL/CENTRE & CENTRE NO. IF KNOWN:

COUNTRY WHERE EXAM TAKEN:

INDICATE WHICH LEVEL OF EXAMINATION TAKEN:
(PLEASE SELECT ONE)

CSEC CAPE

CCSLC

SUBJECT(S)/UNIT(S) TAKEN AND GRADE AWARDED:

SUBJECT(S)	UNIT/PROF.	GRADE

SUBJECT(S)	UNIT/PROF.	GRADE

SECTION C

DECLARATION OF LOSS:

Enter full name: I, _____
 Explain nature of loss: do solemnly and sincerely declare that _____

Applicant's signature: _____

Your declaration must be witnessed and countersigned below by a Member of Parliament, Justice of the Peace, Minister of Religion, or a professionally qualified person, for example a doctor, lawyer, teacher, police officer, but not a relative, known to you personally. Alternatively, this may be witnessed by the CXC Local Registrar, a practising attorney, or magistrate who does not need to be personally known to you.

Enter full name: I, _____
 Delete if inapplicable certify that the applicant has been known to me for more than two years _____
 Enter in what capacity _____
 and, declare that to the best of my knowledge and belief the facts stated on this form are correct.

Witness's signature: _____ Date: _____

Enter Profession: _____

Enter Business name and address: _____

Enter Daytime Telephone No(s): Area Code: No(s): _____

FOR OFFICIAL USE ONLY:

Date Received: _____

Payment received: Yes No

Application Approved Denied Date: _____

REPLACEMENT CERTIFICATE ISSUED: _____ DATED _____