

Certificate Replacement Request Form

This form is only for Financial Capability qualifications (taken at schools and colleges). For any other type of qualification, please see the relevant pages on our website: **libf.ac.uk**.

When requesting a replacement certificate, please complete this form in full and return to The London Institute of Banking & Finance with the original certificate (if applicable) and the relevant payment details. The cost of a replacement certificate is £48.00 per certificate. Please return this form to **fcexams@libf.ac.uk** or to The London Institute of Banking & Finance, 4-9 Burgate Lane, Canterbury, Kent. CT1 2XJ

SECTION 1 – CENTRE DETAILS

Centre name _____ Centre postcode _____
Examinations officer name _____ Contact number _____

SECTION 2 – STUDENT AND QUALIFICATION DETAILS

Student name _____ LIBF number _____ Date of birth _____
Qualification _____
Unit (if applicable) _____ Year completed _____
Address for delivery _____

SECTION 3 - REASON FOR REQUEST (PLEASE ✓)

- Original certificate has been lost / stolen / damaged
Please explain circumstances _____
- Original certificate is incorrect
Please provide details _____
- Did not receive an original
- Name has changed - please enclose proof of name change
Please provide previous and new name _____

SECTION 4 - PAYMENT DETAILS

Please tick one payment option:

- I enclose a cheque for the total amount payable
- I would like the centre to be invoiced for the total amount payable (requires an Examination Officer signature)

- I authorise The London Institute of Banking & Finance to debit my Visa / MasterCard / Switch Card for the total amount payable (£48.00 per certificate)

Card number _____ Name on card _____
Expiry date ____/____/____ Valid from ____/____/____ Issue number _____ (if applicable) Security number*** _____

Cardholder signature _____ Date _____

Address and postcode of cardholder:

***This is the last 3 digits found on the signature strip on the reverse of your card.

SECTION 5 – YOUR PERSONAL DATA

We will use and protect your personal data in accordance with current data protection legislation to evaluate your claim. Further details, including your rights, the disclosure of data to third parties, storage, retention and how to amend your personal data, can be found within our **Privacy Notice** (www.libf.ac.uk/privacy)

SECTION 6 – DECLARATION (TO BE COMPLETED BY THE STUDENT IF NO LONGER STUDYING AT THE CENTRE)

We will process your data in accordance with the principles of the UK Data Protection Act (1998). By supplying your address and email details you are giving your consent for us to contact you in any of these ways in regards to this request.

I declare that the information contained in this form is true and accurate, consent to the processing and use of personal data as outlined in the Privacy Notice and accept our terms and conditions.

Examinations officer / student signature* _____ Date _____

Please note that all unsigned forms will be returned and will result in a delay in the processing of your enquiry

*delete as applicable