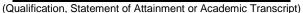
## Request for a replacement Testamur





Please allow up to 10 working days for your request to be processed. We will then contact you when documentation is ready to be collected.

The form must be submitted in person to ACHF Heidelberg office. If circumstances permit you from attending the office then you must sign this form in front of an Authorised Signatory e.g. pharmacist, police officer etc. You will need to provide photo identification either in person or in front of an Authorised Signatory to confirm your identity.

Surname: (as enrolled)	Given Name: (as enrolled)		
Date of Birth:/	Contact No:		
Address: (This is must match identification)			
Suburb:	State:	Postcoo	de:
Address for documents to be posted to: (if different to above)			
Suburb:	State:Postco		de:
Email address:			
Course title/code:	Graduation		n Year:
REPLACEMENT DOCUMENT (Please tick which replacement testamur you wish to apply for)			COST
Statement of Attainment/Record of Results (Unit of Competency results) and / or Academic Transcript (Subject results)			\$15.00
Testamur (Includes qualification, statement of attainment and academic transcript)			\$60.00
Postage (registered) if required. Pick up is free.			\$10.00
METHOD OF PAYMENT			
I wish to pay by:			
☐ Cheque/Money Order			
Cash* Cash will only be accepted in person at ACHFs office – do not send cash in the post)			
☐ Visa Master Card Banko	ard Amex		
///			
Name on Card:Signature:			
Expiry Date/			
I declare that the information I have provided above is true and correct.			
Student Signature:	Date:		
Authorised Signatory I declare the person applying for documentation has provided evidence of identity and residential address as stated on this form.			
Signature:	Date:		

Please submit your application to: Australian College of Health and Fitness ATT: Campus Manager 72 Mount Street Heidelberg 3084