

Certificate Replacement Request Form

Learner's Details	
Examination session	
Examination Centre	
Level	
Centre Number	G
Centre Name	
Candidate number (filled out by DGroup)	
Full Name at time of achievement	
Current full name (if different)	
Date of birth	
E-mail address	

Please, indicate reason for replacement:

1. Lost / damaged / stolen
2. Incorrectly spelt name on certificate *
3. Name change *
4. Other (please state) _____

*the certificate must be returned to UCert

Please, ensure you enclose a photocopy of your identification for all requests for certificates replacement. Please indicate:

I.D./Passport Driving license Birth certificate
 Other _____

The cost for the replacement of the certificate is **60€** and must be deposited at the following Piraeus Bank account:

IBAN: GR48 0172 1260 0051 2609 5509 411

Beneficiary: UNICERT ACADEMY IKE.

This form along with the identification document and the bank receipt (and the certificate in cases #2 and #3 are in effect) must be submitted to UCert either by post to **1A Rethymnou St, 10 682, Athens** or e-mail at ocn@ucert.gr. The new certificate will be sent to your address (please, indicate):

Candidate's Name _____ **Signature** _____
Date _____