

## **Certificate Replacement Request Form**

L	earner's D	etails		
Examination session				
Examination Centre				
Level				
Centre Number	UGR			
Centre Name				
Candidate number (filled out by OCN London)				
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				
Incorrectly spelt name on certification.	te *			
3. Name change *				
4. Other (please state)				
*the certificate must be returned to OCN London  Please, ensure you enclose a photocopy of your identification for all requests for certificates replacement. Please indicate:				
I.D./Passport	g license		Birth certificate	
The cost for the replacement of the certificate is <b>75€</b> and must be deposited at the following National Bank account: <b>IBAN:</b> GR630110080000008000981400 <b>Beneficiary:</b> UCERT				
This form along with the identificati certificate in cases #2 and #3 are in by post to 98-100 Akadimias St, 10 new certificate will be sent to your a	effect) mu <b>677 Athens</b>	st be subm or <u>e-mail</u> a	itted to OCN London at <u>ocn@ocn.edu.gr</u> . T	either
Candidate's Name		Signa	ature	