

Certificate Replacement Request Form

Learner's Details	
Examination session	
Examination Centre	
Level	
Centre Number	UGR
Centre Name	
Candidate number (filled out by UCERT)	
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 **75€** and must be deposited at the following National Bank account:

IBAN: GR6301100800000008000981400

Beneficiary: UCERT

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 **98-100 Akadimias St, 10677 Athens** or e-mail at ocn@ucert.gr. The new certificate will be sent to your address (please, indicate):

Candidate's Name _____ Signature _____
 Date _____