**R6 Replacement Certificate Application**

BIIAB Qualifications Limited will issue a replacement certificate for any award made after 1st June 2000.

Before any replacement certificate can be issued, you must complete this form and send it together with your proof of identity to the following address:

BIIAB Qualifications Limited, Ferneberga House, Alexandra Road, Farnborough, GU14 6DQ

Or sign, scan and email to: [**Customersupport@BIIAB.co.uk**](mailto:Customersupport@BIIAB.co.uk)

The following fee will apply: **Replacement Certificate charge £30 (Incl. VAT)**

Your remittance can be made using the following link:

[**https://buy.stripe.com/9AQ8xagMK43kcYE28a**](https://buy.stripe.com/9AQ8xagMK43kcYE28a)

A refund minus a £10 administration charge will be given where awards cannot be verified.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname** |  | | | **First Name** | |  | |
| **Full Name Under Which Original Certificate Was Issued If Different From The Above** | | | | | | | |
|  | | | | | | **Date of Birth** |  |
| **Photographic Identification Evidence Supplied** *(eg. copy photo driving licence or copy passport)* | | | | | | **Yes / No** |  |
| **Address** |  | | | | | | |
| **Telephone Number** |  | | **Email Address** | |  | | |
| **Name and Address where you wish the Certificate to be posted if different from the above** | | | | | | | |
|  | | | | | | | |
| **Centre Name & Address**  *(Name of Centre at time of course completion and address if known)* | | | | | | | |
|  | | | | | | | |
| **Centre UKPRN[[1]](#footnote-1)**  *(If known)* | |  | | | | | |
| **Full Qualification Title** | |  | | | | | |
| **Learner Number**  *(If known)* | |  | | | | | |
| **Year Qualification Taken or Exam Date**  *(If not known please provide an approximation)* | |  | | | | | |
| **Reason For Request** *(Please give brief details)* | |  | | | | | |
| **Date Payment Made** | |  | | | | | |
| **Signature –** this request must be completed with an actual signature, typed signatures are not accepted. | |  | | | | | |
| **Date** | |  | | | | | |

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1. UK Provider Register Number [↑](#footnote-ref-1)