

# CARIBBEAN EXAMINATIONS COUNCIL

## APPLICATION FOR REPLACEMENT CERTIFICATE OR DIPLOMA

This form must be completed in ink by the candidate and returned with enclosures to the **REGISTRAR, CARIBBEAN EXAMINATIONS COUNCIL HEADQUARTERS, THE GARRISON, ST MICHAEL, BARBADOS.**

The application will be processed only if all sections of this form are completed.

The candidate must submit together with the completed form –

- (i) the processing fee of BDS \$200. Persons resident outside of Barbados must pay by **BANK DRAFT** made out to “Caribbean Examinations Council”.
- (ii) a photocopy of his/her birth certificate or passport;
- (iii) the damaged or defaced certificate, if applicable.

### **SECTION A**

#### **NAME AND ADDRESS DETAILS TO BE COMPLETED BY CANDIDATE**

**MR/ MRS/ MISS/ MS/ OTHER (    )**

**FULL NAME AT TIME OF EXAMINATION**

SURNAME	FIRST NAME	MIDDLE NAME
---------	------------	-------------

**CURRENT SURNAME (if different)** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**ADDRESS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**DAYTIME TELEPHONE NO(S).**      **AREA CODE:** \_\_\_\_\_      **NO(S).** \_\_\_\_\_

### **SECTION B**

#### **EXAMINATION DETAILS TO BE COMPLETED BY CANDIDATE**

**MONTH/YEAR OF EXAMINATION:** \_\_\_\_\_

**NAME OF SCHOOL/CENTRE & CENTRE NO. IF KNOWN:**

\_\_\_\_\_

\_\_\_\_\_

**TERRITORY:** \_\_\_\_\_

**INDICATE WHICH LEVEL OF EXAMINATION TAKEN: (PLEASE SELECT ONE)**     

Caribbean Secondary Education Certificate (CSEC)     

Caribbean Advanced Proficiency Examinations (CAPE)     

#### **SUBJECT(S)/UNIT(S) TAKEN AND GRADE AWARDED**

SUBJECT(S)	CAPE Unit/ CSEC Proficiency	GRADE

SUBJECT(S)	CAPE Unit/ CSEC Proficiency	GRADE

**SECTION C**

**DECLARATION OF LOSS:**

Enter full name in BLOCK LETTERS: I, \_\_\_\_\_

Explain nature of loss: do solemnly and sincerely declare that \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

Your declaration must be witnessed and countersigned below by a Member of Parliament, Justice of the Peace, Minister of Religion, or a professionally qualified person, for example, a doctor, lawyer, teacher, police officer, but not a relative, known to you personally. Alternatively, this may be witnessed by the CXC Local Registrar, a practising attorney, or magistrate who does not need to be personally known to you.

Enter full name: I, \_\_\_\_\_

- Delete (i) if inapplicable
- (i) certify that the applicant has been known to me for more than two years and,
  - (ii) declare that to the best of my knowledge and belief the facts stated on this form are correct.

\_\_\_\_\_  
Date:

Witness's signature: \_\_\_\_\_

Relationship to applicant (if applicable) \_\_\_\_\_

Enter Profession: \_\_\_\_\_

Enter Business name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Enter Daytime Telephone No(s): Area Code: No(s): \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Received \_\_\_\_\_ Date \_\_\_\_\_ Forwarded to Finance \_\_\_\_\_ Date \_\_\_\_\_

Payment received: Yes  No  \_\_\_\_\_  
Financial Controller

Application Approved  Denied  Date: \_\_\_\_\_

REPLACEMENT CERTIFICATE/DIPLOMA ISSUED \_\_\_\_\_  
Registrar \_\_\_\_\_ Date \_\_\_\_\_