

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