



Request for Replacement or Certified True Copy of Certificate / Transcript / Course Verification Letter / Completion Letter

This form will take approximately 5 minutes to complete. You will need the following information to complete the form:

- Your NRIC / Passport / Course Name and Batch Number.
- Original copy of police report (if replacement is due to loss of Certificate / Transcript). Without a police report, you may request for a Certified True Copy. This is a photocopy of your certificate or transcript "Certified True Copy" by MDIS.
- Deed poll (if replacement is due to change of name).
- Processing time: 14 working days. A collection letter will be sent to your mailing address when the documents are ready for collection.
- **Write LEGIBLY and in CAPITAL LETTERS. All fields are mandatory.**

Part I: To be completed by Graduate / Student

Name of Graduate / Student: _____

Address: _____

NRIC / Passport No: _____ Email Address: _____

Tel No (H/O): _____ (HP): _____

Course Name: _____ Batch Number: _____

I am requesting for: (please tick the appropriate box)

Replacement (Including GST)	Certified True Copy or Course Verification Letter / Completion Letter (Including GST)
<input type="checkbox"/> Certificate – S\$53.50	<input type="checkbox"/> Certificate – S\$32.10
<input type="checkbox"/> Transcript – S\$53.50 (for pre-degree)	<input type="checkbox"/> Transcript – S\$32.10
<input type="checkbox"/> Transcript – S\$107.00 (for degree and post graduate)	<input type="checkbox"/> Course Verification Letter/ Completion Letter – S\$32.10 (with grades)

Reason for Replacement:

- Change of Name**
(to attach Deed poll, Original Certificate and Transcript)
- Damaged**
(to attach Original Certificate and Transcript)
- Lost**
(to attach Police Report)
- Others, please specify:** _____
(to attach any supporting documents)

DECLARATION:

I hereby declare that the particulars and information furnished in this form are true and I have not wilfully suppressed any material facts.

Signature of Graduate / Student: _____ Date: _____

Part II: To be completed by staff

Amount Paid: _____ Processed by: _____

(Name / Signature)

Receipt No*: _____ Date: _____

*Please attach a copy of the payment receipt)