

CERTIFICATE or MEDAL or LETTER of ATTESTATION REQUISITION FORM

- a. COMPLETE IN BLOCK CAPITALS ONLY
- b. Post this form and fee to: LAMDA Examinations, 155 Talgarth Road, London, W14 9DA, United Kingdom
- c. For an individual learner certificate and or medal complete sections 1,2,4,5.
- d. For a group certificate complete sections 1,3,4,5.
- e. For replacement certificates for a current syllabus subject you must return the **ORIGINAL CERTIFICATE**. If the original certificate is lost or not returned the replacement certificate will have the word **'DUPLICATE'** printed on it.
- f. Please make cheques payable to LAMDA Ltd. or complete a credit/debit payment instruction (a fee of £1.00 is added to all credit/debit card transactions)
- g. There is **NO CHARGE** for replacement certificates or medals if the error lies with LAMDA Examinations and you have completed this requisition form and returned it with the original certificate or medal within 10 days of receiving your results. **In all other cases charges apply**

1. Correspondence Contact Details

Name:			Title:		
			Miss / Mrs / Ms / Mr / Dr / Rev		
	Learner / Teacher / Parent / Guardian (please circle)				
Address:					
Postcode:		Tel No:			
e-mail:					

2. Learner Details

Unique Learner Number (if known)	LAMDA Pin No: (if known)	Date of Birth (dd/mm/yy)	Given Name	Family Name

3. Group Details

Group Name	
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4. Examination Details

Subject	Grade	Type (please circle)	Date of Examination (dd/mm/yy)	Exam taken at? a) if Private Centre give centre code b) if Public Centre give name of centre
		Solo / duologue / combined / group		

5. Item Requested

	Price	Totals
<input type="checkbox"/> Duplicate Certificate (Current Syllabus)	£20.00	
<input type="checkbox"/> Letter of Attestation (Expired Syllabus)	£20.00	
<input type="checkbox"/> Medal	£25.00	
	Total Payment £	

Credit / Debit Card Payment Instruction to LAMDA

Centre Code		Exam Session Date								
Candidate Name (if applicable)										
Name as printed on card:										
Cardholder's billing Address:										
Billing Postcode										
Cardholder's telephone number:		Contact fax number or e-mail:								
Card number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Valid from date:		Expiry date:								
3 digit Security code: On signature strip	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					Switch issue no: (if applicable)				
Card type:	Visa Debit / Visa Credit / MasterCard / Maestro / Switch / Delta / Solo									
Payment:	Certificates / Medals	£								
	Plus card transaction fee:	£ 1.00								
	Total amount payable:	£								

I the card holder authorise LAMDA to debit the above card with the total amount payable

Card Holder Signature:		Date:	
Please provide any additional information below:			

For LAMDA Examinations Department use:

Authorisation Number	Processed By	PDQ Transaction Number	Transaction Date	LES reference
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