



Please write clearly using BLOCK CAPITALS and BLACK INK

Please indicate if you are requesting a replacement or a duplicate certificate Replacement Duplicate

SECTION A – Your details

Full Name _____

Address _____

ID Card Number/
Passport Number _____

SECTION B – CILT Council

National Section _____

Membership Number _____

Membership Grade _____

SECTION C – Certificate Details

Please state why you require a replacement/duplicate certificate

SECTION D – Confirmation

I confirm that the details I have provided here are accurate, and understand that they will be subject to confirmation by my National Section. I understand that if my claim is proven to be deliberately inaccurate, I will surrender my membership to the Institute indefinitely.

PLEASE NOTE: If your claim is to replace a damaged or defaced certificate, or is to acquire a certificate in the new design, you are required to surrender your current certificate to your National Section before your new certificate is awarded.

Signature: _____ Date: _____

OFFICE USE ONLY

Date claim received _____

Payment received _____

Claim verified by _____

Certificate awarded _____

Replacement/Duplicate Certificate Application