

Application for Replacement Qualified Card

Surname (family name)

NSN (National Student Number)

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Date of Birth

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Day

--	--

Month

--	--	--	--

Year

First Names (given names) - Enter all names in full

Address (to send qualified card to)

Name of Qualification

Completion Date

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Strand(s) (where applicable)

Fees: \$10 (inclusive of GST)

\$

Signed:

Date:

Method of Payment (please tick one)

☐

Internet Banking

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Credit/Debit Card

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Card Account Number

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Expiry Date

Cardholder Name

Internet Banking Information:

Name: Te Pūkenga New Zealand Institute of Skills and Technology t/a BCITO

Account: 03 0826 0168643 000

Reference code: 'BCITO Customer Number or NSN number'.

Please email completed form to:
info@bcito.org.nz