



## Application for Replacement Qualified Card

Surname (family name)

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

  
  

NSN (National Student Number)

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Date of Birth

|     |  |       |  |      |  |  |  |  |  |
|-----|--|-------|--|------|--|--|--|--|--|
|     |  |       |  |      |  |  |  |  |  |
| Day |  | Month |  | Year |  |  |  |  |  |

Address (to send qualified card to)

  
  
  

Name of Certificate

Completion Date

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Strand(s) (where applicable)

  

Fees: \$10 (inclusive of GST)

|    |
|----|
| \$ |
|----|

Signed:

Date:

Method of Payment:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Credit Card ( <b>customer support will contact you</b> ) |
| <input type="checkbox"/> | Internet Banking   |

Date of Payment

**Bank Account:** 03 0518 0179105 000

Please complete and return to:

**Email:** [business.support@bcito.org.nz](mailto:business.support@bcito.org.nz)

or

**Post:** Replacement Qualified Card  
BCITO  
PO Box 2615  
Wellington 6140