



## Application for Replacement Certificate of Due Completion (for apprenticeships completed from 1993)

Surname (family name)

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

  
  

NSN (National Student Number)

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Date of Birth

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Day                      Month                      Year

Address (to send certificate to)

  
  
  

Name of Certificate

Completion Date

<input type="text"/>	<input type="text"/>
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Fees: \$25 (inclusive of GST)

\$ <input type="text"/>
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Signed:

Date:

Method of Payment:

<input type="checkbox"/>	Credit Card (customer support will contact you)
<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 Certificate  
BCITO  
PO Box 2615  
Wellington 6140