

PSL/18 issue 14

APPLICATION FOR DUPLICATE PCN CERTIFICATE

This information is required to protect PCN and its clients against fraudulent documents purporting to PCN certificates

NOTE: A fee will be required for all requests of certificates including claiming for certificates not received after 12 months following date of issue.

Where a candidate is eligible an e-certificates will be issued in replacement of hard copy certificate/photo ID cards following changes made via the PSL18.

Reason for requesting a duplicate **MUST BE COMPLETED**

(✓ appropriate box)	Hard copy Certificate:		Not received:		Change of Home Address:	
	Stolen:		Destroyed:		Other:	
If certificate lost /stolen please provide crime reference, police ID etc.						
Applicant's PCN number:				Date of Birth:		
Applicant's family name:						
Given name(s):						
Personal Email address: (for issue of e-certificate):						
Telephone contact number:						
For a COA please provide new Address details below:			If you wish for your hard copy certificate to be sent to a different address other than your home address please provide details below:			

Please send 1 passport size photo electronically and sign in the below box. Please ensure signature does not go outside of the signature box.

SIGNATURE BOX

A large, empty rectangular box with a black border, intended for a signature. It is positioned to the right of the 'SIGNATURE BOX' label.

PAYMENT

There is a charge for the issue of a duplicate certificate and ID cards details of which are published in PSL/35, which also describes methods of payment. Please forward completed application form and fee to the above address.

Are you VAT registered? Please provide VAT Number.	
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Payment type if not paying by card (✓ appropriate box & complete)

Cheque Enclosed?		Bank Transfer (BACS)		Purchase Order Number	
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Credit/Debit Card (provide details below)

Please tick the appropriate boxes:

For payment by credit card (tick relevant box):	Visa		MasterCard		Amex		Switch	
							Issue No.	
Corporate/ company card					Personal Card			
Name as shown on the card:								
Card Number								
Signature of above named individual:								
Security code: (Last 3 digits on the security strip on reverse of the card)								
Card valid from:								
Card expiry:								
Billing address: (Address the invoice will be sent to, if Corporate card then address of company and name of whom the invoice should be sent to)								
Please debit the above credit/debit card for the amount shown (applicants must enter the correct amount, which can be ascertained from document PSL/35):								