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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)	oriate 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 r					Date of Birth:				
Applicant's family									
Given name(s):									
Personal Email address: (for issue of e-certificate):									
Telephone conta									
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:					

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UKAS PERSONNEL CERTIFICATION 0030

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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

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.	

Payment type if not paying by card (✓ appropriate box & complete)

Cheque	Bank Transfer	Purchase Order	
Enclosed?	(BACS)	Number	

Credit/Debit Card (provide details below)

Please tick the appropriate boxes:

For payment by credit	1.0				Amex	Switch	
card (tick relevant box):	Visa		MasterCard			lssue 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):							