

REPLACEMENT DEGREE/DIPLOMA/CERTIFICATE APPLICATION FORM 20 [] []



Graduate School
Marketing • Supply Chain • Business

STUDENT NUMBER
(New students to leave blank)

[] [] [] [] [] [] [] []

APPLYING FOR
(For office use only)

[] **First print** [] **Reprint**

SECTION A: PERSONAL DETAILS

TITLE Prof Dr Mr Mrs Ms Miss Other _____ **GENDER** Male Female

SURNAME As per ID Document _____ **PREFERRED NAME** _____

FIRST NAME(S) As per ID Document _____

ID NO [] [] [] [] [] [] [] [] [] [] [] [] [] [] **DATE OF BIRTH** [D] [D] [M] [M] [Y] [Y] [Y] [Y]

EMAIL ADDRESS: _____ **CELLPHONE NUMBER:** _____

SECTION B: QUALIFICATION NAME

CERTIFICATE PROGRAMMES	YEAR	DIPLOMA PROGRAMMES	YEAR
<input type="checkbox"/> Certificate in Marketing Communications	[] []	<input type="checkbox"/> Diploma in Marketing	[] []
<input type="checkbox"/> Advertising Specialisation	[] []	<input type="checkbox"/> Diploma in Advertising	[] []
<input type="checkbox"/> Public Relations Specialisation	[] []	<input type="checkbox"/> Diploma in Marketing Research	[] []
<input type="checkbox"/> Direct Marketing Specialisation	[] []	<input type="checkbox"/> Diploma in Marketing Management	[] []
<input type="checkbox"/> Certificate in Retail Marketing	[] []	<input type="checkbox"/> Diploma in Export Management	[] []
<input type="checkbox"/> Certificate in Personal Selling	[] []	DEGREE PROGRAMMES	YEAR
<input type="checkbox"/> Certificate in Sales Management	[] []	<input type="checkbox"/> BBA - Marketing	[] []
<input type="checkbox"/> Higher Certificate in Marketing	[] []	<input type="checkbox"/> BBA - Marketing Communications	[] []
<input type="checkbox"/> Higher Certificate in Export Management	[] []	<input type="checkbox"/> BBA in Marketing Management	[] []
OTHER	YEAR	<input type="checkbox"/> BCom in Marketing & Man Science	[] []
_____	[] []	POSTGRADUATE PROGRAMMES	YEAR
_____	[] []	<input type="checkbox"/> Postgraduate Diploma in Marketing Management	[] []
		<input type="checkbox"/> Post Graduate Diploma in Marketing	[] []
		<input type="checkbox"/> BPhil	[] []

SECTION C: COLLECTION OR DELIVERY DETAILS (COMPLETE ONLY ONE)

PERSONAL COLLECTION	POSTAGE INSTRUCTIONS
TITLE <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss	TITLE <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
INITIALS AND SURNAME _____	INITIALS AND SURNAME _____
ID NUMBER [] [] [] [] [] [] [] [] [] [] [] [] [] []	ADDRESS _____
RECIPIENT CONTACT DETAILS _____	_____
COMMENTS _____	_____ POSTAL CODE _____
OFFICE TO COLLECT FROM _____	RECIPIENT CONTACT DETAILS _____

STUDENT DECLARATION

I certify that the information that I have provided on this application is accurate and complete and that certified copies of documentation requested is attached. I have read the Replacement Procedure on page 2.

STUDENT SIGNATURE _____ **DATE** _____ / _____ / 20 _____

FOR OFFICE USE ONLY

Consultant name: [] [] [] [] [] [] [] [] [] [] [] [] [] []	Amount paid [] [] [] [] [] [] [] [] [] [] [] [] [] []	Certificate Number [] [] [] [] [] [] [] [] [] [] [] [] [] []	Date printed [] [] [] [] [] [] [] [] [] [] [] [] [] []
Approved/Declined Yes <input type="checkbox"/> No <input type="checkbox"/>	IMS Receipt Number [] [] [] [] [] [] [] [] [] [] [] [] [] []	Forwarding Courier <input type="checkbox"/> Posted <input type="checkbox"/> Filed <input type="checkbox"/>	Printed by [] [] [] [] [] [] [] [] [] [] [] [] [] []
Approved/Declined (Reason) [] [] [] [] [] [] [] [] [] [] [] [] [] []	Verification Details [] [] [] [] [] [] [] [] [] [] [] [] [] []	Tracking Number [] [] [] [] [] [] [] [] [] [] [] [] [] []	

AFFIDAVIT

STUDENT NUMBER
(New students to leave blank)

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(You are requested to produce your ID Book/Passport when completing this affidavit)

I, _____ (Print full name(s) and Surname)
the undersigned do hereby state that the reason(s) for which I wish to apply for a duplicate degree/diploma/certificate from the IMM Graduate School is/are the following:
(Be as comprehensive as possible).

Applicant signature

I hereby certify that the applicant has acknowledged that he/she knows and understands the contents of this affidavit, which was signed and sworn to before me at

_____ on this _____ day of _____ 20 _____

The regulations contained in Government Notice No.R1258 of the 21st day of July 1972, having been complied with.

STAMP

Commissioner of Oaths signature

Full name: _____

Office: _____

Address: _____

STEPS TO COMPLETE APPLICATION (ON OR OFF CAMPUS)

1. Complete the replacement application form.
2. Deposit the relevant amount into the bank account (details below), or make payment via the student portal.
3. Post or deliver the completed application form together with a certified copy of your ID or Passport and a copy of the deposit slip to any IMM Graduate School office.
DO NOT E-MAIL.
4. The Affidavit must be stamped and signed by a **COMMISSIONER OF OATHS**.

NOTE: The fee per application must accompany this application form.

BANK DETAILS

ACCOUNT NAME: IMM Graduate School of Marketing (PTY) Ltd
BANK: ABSA Commercial Banking
BRANCH CODE: 632 005
EFT CODE: 632 005
SWIFT CODE: ABSAJJZZ
ACCOUNT NUMBER: 405 631 0798

Indicate your full name and surname or your IMM Graduate School student number as reference

REPLACEMENT PROCEDURE:

1. The student Name and Surname details will be printed as per the details at the time that the qualification was conferred.
2. The re-printed qualification will state (1) The words "Replacement Certificate" (2) All modules (3) The academic year that the qualification was conferred in.
3. State the ID/Passport number of the person collecting the reprinted qualification. The original ID/Passport must be presented upon collection.
4. The IMM Graduate School cannot take any responsibility for non-delivery where incorrect details were provided.
5. Where it is required to have the document delivered to an address outside of South Africa, students should arrange for a courier to collect when ready.
6. Please allow 4-6 weeks for processing the reprint request plus a week for delivery within SA.

National Office: Atlas Studio, 33 Frost Avenue, Braamfontein Werf, P O Box 91820, Auckland Park, 2006, Tel +27 (0)11 628 2000, Fax to email 086 212 3272, Email info@immgsm.ac.za

Claremont Administration Office: Level 3, Stadium on Main, Main Road, Claremont, Cape Town, 7708, P O Box 23998, Claremont, 7735, Tel +27 (0)21 671 4426, Email info.ct@immgsm.ac.za

Greenstone Administration Office: Stoneridge Office Park, Building B, 8 Greenstone Place, Greenstone Hill, Edenvale, 1610, Tel+27 (0) 11 609 5003, Email info.greenstone@immgsm.ac.za

Lynnwood Administration Office: 408 Lynnwood Road, cnr Rosemary, Lynnwood, Pretoria, 0001, Tel +27 (0)81 756 6016, Email info.lynnwood@immgsm.ac.za

Morningside Administration Office: 245 Peter Mokaba Road, cnr Valley View Road, Morningside, Durban, P O Box 35263, Northway, 4065, Tel +27 (0)31 312 2239, Fax +27 (0)31 312 6748, Email info.dbn@immgsm.ac.za

Sandton Administration Office: Grayston Ridge Office Park, 144 Katherine Street, Sandton, 2196, Tel +27 (0) 11 783 6662, Email info.sandton@immgsm.ac.za

Stellenbosch Administration Office: 1st Floor, Aan de Gragt Building, 5 Plein Street, Stellenbosch, 7600, Tel +27 (0) 21 883 9104, Fax +27 (0) 21 883 9108, Email info.stellenbosch@immgsm.ac.za

Zimbabwe Administration Office: 21 Lezard Avenue, Milton Park, Harare, P O Box MP 394, Mount Pleasant, Harare, Tel +263 86 7700 4806 or +263 773 475 003, Email imm.zim@immgsm.ac.za