APPLICATION FOR REPLACEMENT DEGREE/DIPLOMA/CERTIFICATE 20





STUDENT NUMBER (New students to leave blank) **First print** Reprint **APPLYING FOR**

Marketing • Supply Chain • Business				
SECTION A: PER	RSONAL 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			
EMAIL ADDRESS:	CELLPHONE NUMBER:			
SECTION B: QUALIFICATION NAME				
CERTIFICATE PROGRAMMES YEAR	DIPLOMA PROGRAMMES YEAR			
Certificate in Marketing Communications	Diploma in Marketing			
Advertising Specialisation	Diploma in Advertising			
Public Relations Specialisation	Diploma in Marketing Research			
Direct Marketing Specialisation	Diploma in Marketing Management			
Certificate in Retail Marketing	Diploma in Export Management			
Certificate in Personal Selling	DEGREE PROGRAMMES YEAR			
Certificate in Sales Management	BBA - Marketing			
Higher Certificate in Marketing	BBA - Marketing Communications			
Higher Certificate in Export Management	BBA in Marketing Management			
OTHER YEAR	POSTGRADUATE PROGRAMMES YEAR			
	Postgraduate Diploma in Marketing Management			
	Post Graduate Diploma in Marketing			
	BPhil			
SECTION C: COLLECTION OR DELIVERY DETAILS (COMPLETE ONLY ONE)				
PERSONAL COLLECTION	POSTAGE INSTRUCTIONS			
TITLE Prof Dr Mr Mrs Ms Miss	TITLE Prof Dr Mr Mrs Ms Miss			
INITIALS AND SURNAME	INITIALS AND SURNAME			
ID NUMBER	ADDRESS			
RECIPIENT CONTACT DETAILS				
COMMENTS POSTAL CODE				
OFFICE TO COLLECT FROM	RECIPIENT CONTACT DETAILS			
STUDENT D	ECLARATION			
I certify that the information that I have provided on this application is accurate and complete an				
STUDENT SIGNATURE	DATE / / 20			
	E USE ONLY			
Consultant name: Amount paid	Certificate Number Date printed			
Approved/Declined IMS Receipt Number	Forwarding Printed by			
Yes No	Courier Posted Filed			
Approved/Declined (Reason) Verification Details	Tracking Number			

AFFIDAVIT





(You are requested to produce your ID Book/Passport when completing	this affidavit)		
I,the undersigned do hereby state that the reason(s) for which I wish to apply f (Be as comprehensive as possible).	for a duplicate degree/diploma/	certificate from the IMM Grad	(Print full name(s) and Surname) uate School is/are the following:
			Applicant signature
I hereby certify that the applicant has acknowledged that he/she knows and	understands the contents of the	s 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	f July 1972, having been compl	ied with.	
CTAMP	٦		
STAMP			Commissioner of Oaths signature
	Full name:		
	Office:		
	Address:		

STEPS TO COMPLETE APPLICATION (ON OR OFF CAMPUS)

- 1. Complete the replacement application form.
- Deposit the relevant amount into the bank account (details below), or make payment via the student portal.
- 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

NOTES:

- 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: Johannesburg 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
Cape Town 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, Fax to email 086 212 3201, Email info.ct@immgsm.ac.za
Durban 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
Ghana Administration Office: Chartered Institute of Marketing Ghana, 4th Floor I NCB Building, Opposite Roxy Cinema on The Kwame Nkrumah Avenue, P O Box GP 18235 I Accra-Ghana, Tel +27 11 628 2000, Email infoghana@immgsm.ac.za
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Zambia Administration Office: Zambia Institute of Marketing, 1st Floor I National Housing Authority, Annex Building I Chilufya Mulenga Road, Longacres I Zambia, PO Box 32180 I Lusaka, Tel +27 (0) 11 628 2000, Email infozambia@immgsm.ac.za
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