

AFFIDAVIT

STUDENT NUMBER

(New students to leave blank)

--	--	--	--	--	--

(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

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 NCR Building, Opposite Roxy Cinema on The Kwame Nkrumah Avenue, PO Box GP 18235 I Accra-Ghana, Tel +27 11 628 2000, Email infoghana@immgsm.ac.za

Nigeria Administration Office: National Institute of Marketing Nigeria, Centre for Management Development, Cmd Road I Ikosi Ketu I Shangisha Lagos, Tel +27 11 628 2000, Email infoonigeria@immgsm.ac.za

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

Zimbabwe Administration Office: Suite N & P, Sam Levy's Village, Borrowdale, Harare, P O Box MP 394, Mount Pleasant, Harare, Tel +263 (4) 853177 or +263 773 475003 Email imm.zim@immgsm.ac.za