

APPLICATION FOR REPLACEMENT DEGREE/DIPLOMA/CERTIFICATE 20



**Graduate
School of Marketing**
Shaping business leaders since 1948

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 / Passport _____ **PREFERRED NAME** _____

FIRST NAME(S) As per ID Document / Passport _____

ID / PASSPORT NO

DATE OF BIRTH

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="text"/>
<input type="checkbox"/> Advertising Specialisation	<input type="text"/>	<input type="checkbox"/> Diploma in Advertising	<input type="text"/>
<input type="checkbox"/> Public Relations Specialisation	<input type="text"/>	<input type="checkbox"/> Diploma in Marketing Research	<input type="text"/>
<input type="checkbox"/> Direct Marketing Specialisation	<input type="text"/>	<input type="checkbox"/> Diploma in Marketing Management	<input type="text"/>
<input type="checkbox"/> Certificate in Retail Marketing	<input type="text"/>	<input type="checkbox"/> Diploma in Export Management	<input type="text"/>
<input type="checkbox"/> Certificate in Personal Selling	<input type="text"/>	DEGREE PROGRAMMES	YEAR
<input type="checkbox"/> Certificate in Sales Management	<input type="text"/>	<input type="checkbox"/> BBA - Marketing	<input type="text"/>
<input type="checkbox"/> Higher Certificate in Marketing	<input type="text"/>	<input type="checkbox"/> BBA - Marketing Communications	<input type="text"/>
<input type="checkbox"/> Higher Certificate in Export Management	<input type="text"/>	<input type="checkbox"/> BBA in Marketing Management	<input type="text"/>
OTHER _____	YEAR	POSTGRADUATE PROGRAMMES	YEAR
	<input type="text"/>	<input type="checkbox"/> Postgraduate Diploma in Marketing Management	<input type="text"/>
		<input type="checkbox"/> Post Graduate Diploma in Marketing	<input type="text"/>

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 <input type="text"/>	ADDRESS _____
RECIPIENT CONTACT DETAILS _____	_____
COMMENTS _____	_____ POSTAL CODE _____
	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.

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

FOR OFFICE USE ONLY

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

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)

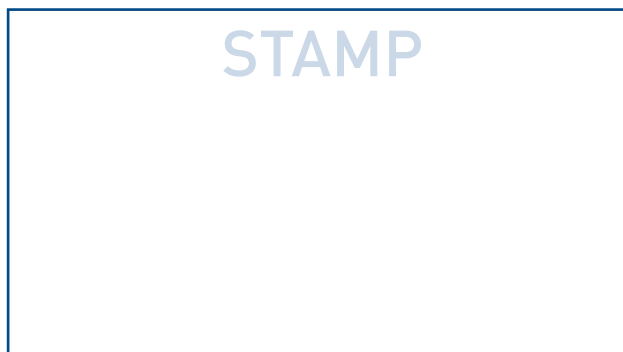
I, _____ (Print full name(s) and Surname)
the undersigned do hereby state that the reason(s) for which I wish to apply for a duplicate degree/diploma/certificate from the IMM GSM is/are the following:

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.



Commissioner of Oaths signature

Full name: _____

Office: _____

Address: _____

STEPS TO COMPLETE APPLICATION (ON OR OFF CAMPUS)

1. Fill in the replacement application form.
2. Deposit money 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 GSM office.

NOTE

The fee per application must accompany this application form.

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 word "Reprint" (2) All subjects (3) The academic year that the qualification was conferred in.
3. State the ID number of the person collecting the reprinted qualification. The original ID document must be presented upon collection.
4. The IMM GSM 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, the required fee will be four times the Reprint Fee as stated in the prospectus (Due to the use of a courier service) – Alternatively you may arrange your own courier to collect.
6. Please allow 4-6 weeks for processing the reprint request plus a week for delivery within SA / 2 weeks for non-SA delivery.

IMM GSM BANK DETAILS

ACCOUNT NAME:	IMM Graduate School of Marketing (PTY) Ltd
BANK:	ABSA
BRANCH:	160 JAN SMUTS AVENUE
BRANCH CODE:	508 - 005
EFT CODE:	632005
ACCOUNT NUMBER	405 631 0798

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

National Office: Johannesburg Atlas Studio, 33 Frost Avenue, Braamfontein Werf, P O Box 91820, Auckland Park, 2006, **Tel** +27 (0)11 628 2000, **Fax** +27 (0)11 726 4505, **Email** info@immgsm.ac.za
Durban Suite 9, The Lodge, Strathmore Park, 305 Musgrave Road, Berea, P O Box 35263, Northway, 4065, **Tel** +27 (0)31 202 5791, **Fax** +27 (0)31 202 5797, **Email** imm.dbn@immgsm.ac.za
Cape Town The Athenaeum Campus, Boundary Terrace, 1 Mariendahl Lane, Newlands, 7700, P O Box 23998, Claremont, 7735, **Tel** +27 (0)21 671 4426, **Fax** +27 (0)21 671 4424, **Email** info.ct@immgsm.ac.za
Zimbabwe Suite N & P, Sam Levy's Village, Borrowdale, Harare, P O Box MP 394, Mount Pleasant, Harare, **Tel** +263 (4) 853 177, **Fax** +263 (4) 853 172, **Email** imm.zim@immgsm.ac.za