

# Request for replacement ABDO certificate/ diploma



**Section 1 - Personal details**

ABDO membership number:       Title: Mr  Mrs  Miss  Ms

Surname: \_\_\_\_\_ Forenames: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

**Section 2 - Reason for request**

Change of name:  Please attach documentary evidence of change of name (i.e. marriage certificate)

Original lost:

Other:  Please specify here \_\_\_\_\_

Please note: ABDO certificates/diplomas are normally only printed twice a year (February & October)

**Section 3 - Certificate/Diploma request** Please tick which certificate/diploma you require.

A fee of £100.00 per request for a certificate/diploma is required. Payment **must** be included with this request, either in the form of a cheque (made payable to ABDO, with your ABDO membership number written on the reverse) or by completing the separate credit card details form attached.

Level 6 - Diploma in Ophthalmic Dispensing - FBDO

Level 6 - Certificate in Contact Lens Practice - FBDO CL

Level 7 - Diploma in Advanced Contact Lens Practice - FBDO (Hons) CL

Level 6 - Diploma in the Assessment and Management of Low Vision - FBDO (Hons) IVA

Level 7 - Diploma in Spectacle Lens Design - FBDO (Hons) SID

(Please use a separate request form should you require more than one replacement certificate/diploma.)

Confirm name to be shown on cert/diploma: \_\_\_\_\_

Confirm suffix to be shown on cert/diploma: \_\_\_\_\_

Date of qualifying:   /   /   Please attach documentary evidence of your qualification.

Only fully paid up current ABDO members are entitled to hold a diploma/certificate and to use the suffix FBDO, whether in practice in the UK or practising overseas.

Sign and date to confirm the above is correct:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return the completed request form and payment to the following address by secure mail:

Mrs LM Chandler  
ABDO Examinations and Registration  
The Old Dairy, Godmersham Park  
Godmersham  
Kent  
CT14 7DT

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**Credit Card Payment Details**

(All sections marked \* must be completed).

Only the following cards will be accepted. *We cannot accept AMEX/Electron cards.*

Please tick payment card being used:

Access       Visa       Switch       Mastercard

Please debit £ \_\_\_\_\_ from the following account:

Card number\*     

Issue number               Security number\*          
(If applicable)      (last three digits found on back of the card)

Start date        /        Expiry date\*        /

Name: \_\_\_\_\_  
As written on card

Signed\* \_\_\_\_\_  
Card holder's signature

Date        /   /

Note: If any of the above details are not completed and/or a transaction is declined, this request will be returned by post, unprocessed.