



International Federation of Aromatherapists

CERTIFICATE REPLACEMENT REQUEST FORM

Please complete this form if you require a replacement certificate. Replacement certificates are subject to a reissue fee. Please ensure all information is accurate, as the replacement certificate will be issued using the details provided below.

1. CERTIFICATE DETAILS

Type of Certificate

☐ Examination Diploma Certificate

☐ Membership Certificate

☐ Other: _____

Qualification / Certificate Name:

Year Qualification Achieved

____ / ____ / ____

2. PERSONAL DETAILS

Full Name:

Previous Name:

If applicable, e.g. name shown on the original certificate

Membership Number:

Email Address:

3. DELIVERY ADDRESS

Please provide the address where you would like the replacement certificate posted.

Please enter the address in **English characters** and, where applicable, provide the address in the **local language underneath**. This will help ensure that the certificate can be distributed correctly by both the English and destination postal services.

Business / Organisation Name *(if applicable)*:

Address *(In full, no abbreviations)*:

Address in Local Language *(if applicable)*:



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4. REASON FOR REPLACEMENT

Please select **one**:

- ☐ Certificate lost
- ☐ Certificate damaged
- ☐ Certificate destroyed
- ☐ Change of name due to marriage
- ☐ Other change of name
- ☐ Incorrect details on original certificate
- ☐ Other

If the replacement certificate is required due to a change of name, please provide the details below.

Name as shown on original certificate:

New Name:

Supporting documentation provided

- ☐ Yes
- ☐ No

Please provide supporting documentation e.g. marriage certificate.

If you selected "Other", please provide a brief description:

5. DECLARATION

I confirm that the information provided on this form is accurate and complete. I understand that the replacement certificate will be issued based on the information provided and that additional documentation may be requested before the replacement can be issued.

Full Name:

Signature:

Date

____ / ____ / ____