



BARBADOS INSTITUTE OF MANAGEMENT AND PRODUCTIVITY

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REQUEST FOR REPLACEMENT CERTIFICATE FORM

REGULAR COURSE BCMS BDMS BBA

National Registration #: _____ Date of Birth: *dd* / *mm* / *yyyy*

Last Name: _____ First Name: _____ Middle Initial: _____

Former/Maiden Name: *(Where applicable)*

Address1:

Address2:

Parish: _____ Postal Code: _____ Country: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address:

DETAILS (*Where Applicable*)

Course code: _____ Term _____ Year _____

Course title:

Lecturer:

Reason for making request :

SIGNATURE: _____ DATE: _____

INFORMATION:

1. A fee of **\$50.00** is charged per Programme Certificate. (*BBA, BDMS & BCMS*)
2. A fee of **\$25.00** is charged per Regular Certificate
3. Fees **MUST** be paid upon making request for processing to commence.
4. All outstanding matters **MUST** be settled prior to making request.
5. All fees are payable to: **BIMAP**

PROCESSING TIME:

- ❖ Regular Certificates - 2 Weeks
- ❖ Programme Certificates - 4 Weeks

FOR OFFICIAL USE ONLY

PAYMENT INFORMATION

Amount Paid: \$ _____	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Receipt No: _____	<input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card
Date Paid: _____	Cashier's Signature: _____