REQUEST FOR A REPLACEMENT TESTAMUR

Important Information

- 1. Graduates of SITCM may apply for a replacement testamur if their original testamur has been lost, stolen, destroyed, damaged or if there has been a change of name.
- 2. Replacement testamurs are issued in the original testamur style and will show the original date of graduation and the date of re-issue.
- 3. A replacement testamur cannot be issued if the original testamur is still in your possession. A testamur is a legal document and only one can be issued per award.
 - a. If you still have the damaged testamur, it must be returned to SITCM before a replacement can be issued.
 - b. If you are no longer in possession of the original testamur, a Statutory Declaration must be submitted with this application. The Statutory Declaration must:
 - Include the details of the testamur (i.e. the award on the testamur and year of graduation) along with details of its loss/theft; and
 - Be completed fully in the presence of an authorised witness, then signed by you and cosigned by the authorised witness.

A Statutory Declaration can be downloaded at:

http://www.ag.gov.au/Publications/Pages/Statutorydeclarations.aspx

- 4. The cost of a replacement testamur is \$55.00. Postage is not included in the replacement cost.
- 5. Please allow 1 week processing time from receipt of completed application, not including delivery.
- 6. Please be aware that if you provide falsified documents to external agencies which misrepresent your qualifications from SITCM, then this could result in one of a range of penalties, from failure in the course or suspension (where applicable), exclusion and/or the matter may be reported to ICAC.
- 7. Complete all sections of the application and either lodge in person at SITCM Administration Office or email it to administration@sitcm.edu.au.

Proof of Identity

To enable SITCM to fulfil its obligations under the Privacy and Personal Information Protection Act (NSW) 1998, you must submit a copy of your driver's license, passport or birth certificate.

Your request cannot be processed until you provide this.

- If you do not have a current driver's license or a passport, you will need to provide copies of the equivalent of 100 points of ID such as a Medicare card, bankcard, student identity card, electricity bill etc.
 - Please refer to the 100 Points of Identification Guidelines:
 - https://www.homeaffairs.gov.au/Licensing/Documents/100-points-identification-guidelines.pdf
- If you have changed your name since you studied at SITCM, you will also need to provide evidence of this by providing either a copy of your marriage certificate, official change of name certificate or a copy of other relevant documentation.

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Personal Details				
Family Name: G		Given Name(s):		
Student ID: D		Date of Birth:		
Postal Address:				
Tel (home):		Tel (mobile):		
Email:				
Testamur Details				
Name as it appears on original testamur:				
Which Degree(s) is the replacement testamur?				
☐ Bachelor of Traditional Chinese Medicine		Date Degree Conferred:		
☐ Advanced Diploma of Traditional Chinese Medicine		Date Degree Conferred:		
☐ Other:		Date Degree Conferred:		
Replacement Reason Please select the reason you require the testamur to be replaced.				
☐ Original Testamur Lost/Stolen/Destroyed	> A Statutory Declaration must be attached.			
☐ Original Testamur Damaged	> The Original Testamur must be attached.			
□ Name Change	Certified copies of proof of name change documents and the Original Testamur must be attached.			
Collection/Delivery Details Please choose the method for delivery.				
☐ Collect from SITCM Administration Office			No cost	
Please note: You must bring photographic identification with you.				
☐ Please post to postal address provided above			\$15.00 for	
Please note: Testamurs will be sent by Registered Post within Australia and internationally via a courier. Items sent will require a contact name and telephone number. Testamurs cannot be sent to overseas PO boxes as items must be signed for on delivery.				

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Payment Details A charge of \$55.00 applies for a replacement testamur. Postage is additional.				
Student ID:	☐ Mastercard	□ Visa		
Card Number:				
Expiry Date:				
Please debit my account with the amount of \$				
Cardholder's Name (as shown on the card):				
Cardholder's Signature:				
Declaration				
I declare that the information I have provided in this application is true and correct.				
Signature:	Date:			
Registrar to Complete				
Date received:				
Approved: ☐ Yes ☐ No; Reason for Not Approving:				
Signature:	Date:			