

To be completed by applicant:
Please complete the form in **CAPITAL LETTERS**.

Name (on document)			
Type of document (please TICK) And number of copies(per document) to be certified (please INDICATE NUMBER)	<input type="checkbox"/> Degree _____ copies	<input type="checkbox"/> Diploma _____ copies	<input type="checkbox"/> O- Level _____ copies
	<input type="checkbox"/> A-Level _____ copies	<input type="checkbox"/> Transcript _____ copies	
	Others {please indicate}:		
Email address			
Date			
Signature			

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Agree

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NOTE:

Do bring along to your appointment for certification:

- **Completed print out of this form**
- **Original document/s for certification**

BC staff attending to enquiry:

Susan Tan / Sandra Bodestyne / Shabir Aslam