



## REQUEST FOR DUPLICATE CERTIFICATE

PLEASE NOTE: We require at least 3 months for the processing of a duplicate certificate once proof of payment

has been received. Please attach a copy of your ID AND deposit slip / Receipt OR other method

of payment to this request.

TITLE:	
FULL NAMES:	
SURNAME:	
MAIDEN SURNAME:	
CONTACT DETAILS:	
ID No./PASSPORT	
STUDENT/MEMBERSHIP NUMBER:	
DATE OF REQUEST:	
AMOUNT PAID:	
DATE OF PAYMENT:	
COURSE CGISA/BOARD/PRIZE WINNER:	
YEAR COMPLETED:	
MAY OR OCTOBER SESSION:	
VENUE LAST WROTE AT:	
SIGNATURE:	

## **ADMINISTRATION CONTROLLER**

Fee payable: R685 (GradCG & Prize Winners)
R615 (CGISA and IBS Programme)

Statement regarding the issuing of a certificate prior to 2005 (no duplicate certificate can be issued for qualifications prior to 2005): R450

BY COURIER:

R245 Gauteng - South Africa

R620 Other provinces within South Africa (Eastern Cape, Free State, Kwa-Zulu Natal, Limpopo, Mpumalanga,

Norther Cape, North West)

Price on request Southern Africa (Namibia, Lesotho, Botswana, eSwatini, Zimbabwe)

Price on request Other: contact our offices for price

Payment Ontions					
Courier ad	dress where certifica	te can be sent			
Caia ad	dunna vyhana nautifi na	t bt			
Please cou	rier to below address				
Diagon					
	t irom your omood.				
I will collect	t from your offices:				

- Electronic Funds Transfer (EFT)
- Direct deposit into the CGISA's bank account
- Card Payment at CGISA's office with physical card
- Online payments via the CGISA's online portal you have to log in as a member or student to process payment

	process p	dymonic			
Deposit/Cheque Payment					
	Account holder: Bank details: Branch name: Branch code: Account number: Reference:	Chartered Governance Institute Southern Africa Nedbank Braamfontein 19 87 65 1968 298 991 Name, Surname and Student Number [COMPULSORY]	Please ensure that you use your student number, name <u>and</u> surname when making a payment. This is essential for our accounts department to allocate your payment to the correct account		

## PERMISSION TO PROCESS YOUR PERSONAL INFORMATION

By ticking the box below:

- You consent to CGISA processing your personal information (including the information provided by you to CGISA
  in this form), in order for CGISA to fulfil its obligations to you pursuant to this form and agree that CGISA may
  send relevant communications to you for any purposes referred to in this document and/or in connection with
  CGISA's activities.
- You acknowledge that processing your personal information is in your legitimate interests and is necessary in order for CGISA to carry out its functions as requested by you in terms of this form.
- You agree to the terms of CGISA's privacy policy (available at <a href="https://www.chartsec.co.za/documents/CGISA%20Privacy%20Policy\_FINAL\_August%202021.pdf">https://www.chartsec.co.za/documents/CGISA%20Privacy%20Policy\_FINAL\_August%202021.pdf</a>) which sets out, *inter alia*, further information as to the personal information which CGISA processes, the purpose for such processing and your rights as a data subject.

If you do not tick the box below,	CGISA will be unable to	fulfil its functions in terms	of this form.