

CQV6 REQUEST FOR REISSUE – QUALIFICATIONS VERIFICATION

Please use BLOCK letters to complete this form



If you have applied for verification through VETASSESS before and require an additional copy of a Chinese Qualification Verification Report now, you may apply for a Reissue.

Reissue fees:

A\$50 (offshore applicant) or A\$ 55 (onshore applicant) per report

A\$5 for posting to an Australian Address A\$16 for posting to an address outside of Australia via International Express service

A\$34 for posting to an address outside of Australia via International Courier service

APPLICANT AND APPLICATION INFORMATION

FAMILY NAME (surname): _____

GIVEN NAME/S: _____

DATE OF BIRTH: ____/____/____
DD MM YY

FILE No.

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I, _____, the above named applicant/the authorised agent for the above named applicant, hereby request a Reissue of the following report(s).

Please note that only an agent who was authorised in the original application may make a request on behalf of an applicant. Newly appointed agents must complete information below.

NOMINATING A NEW AGENT

I, _____, the above named applicant, hereby nominate the following agent to act on my behalf in all matters pertaining to my application for Qualifications Verification, VETASSESS.

Agent Name: _____ Company Name (if applicable): _____

MARA No.(if applicable): _____ Agent Address _____

Applicant Signature: _____ Date: ____/____/____

Report 1 _____ Number of Copies _____
(specify which report you require, e.g. for Bachelor degree certificate, or transcripts for Bachelor degree)

Report 2 _____ Number of Copies _____

Report 3 _____ Number of Copies _____

Report 4 _____ Number of Copies _____

Report 5 _____ Number of Copies _____

Total Number of Copies of Reports: _____

APPLICANT/AGENT SIGNATURE: _____ DATE OF REQUEST: ____/____/____

AGENT NAME (if applicable): _____ (PLEASE PRINT)

Submit a copy of your previous report to assist us in processing your requests in a shorter time.

Please confirm your current postal address and contact information:

Telephone: _____ Mobile: _____ Fax: _____ Email: _____

Address for Correspondence: _____

Address for sending Report (if it is different from above): Contact Person: _____ Organisation Name: _____

Reference Number: _____ Address: _____

Payment must be made in Australian dollars. Bank cheques/drafts should be made payable to VETASSESS. Please complete the following payment section for Visa or MasterCard credit card payments.

I, _____ authorise VETASSESS to debit my credit card in the amount of \$AUD _____ for the payment of my Request for Reissue.

Name of Cardholder: _____ Signature of Cardholder: _____

Card Number: _____ Expiry Date: ____/____ Card Validation Code: _____

Please note that the applicant signature must match the signature as it appears on the original application. Signature discrepancies can cause significant delays.



Mail to: Qualifications Verification
VETASSESS
5/478 Albert Street
East Melbourne VIC 3002
AUSTRALIA
Fax: +613 9654 2773