

CQV7 REQUEST FOR REVERIFICATION – QUALIFICATIONS VERIFICATION

Please use BLOCK letters to complete this form



If you disagree with the outcome of your verification or you would like to apply for re-verification with new documents, you may lodge a Request for Re-Verification of your original application. **It is strongly recommended that you contact VETASSESS to discuss your verification outcome before you lodge a Request for Re-Verification.** A Re-Verification must be lodged with full payment.

The fee for Re-Verification is the same as the original verification fee and postage:
A\$95 (offshore applicant) or A\$ 104.50 (onshore applicant) per Verification for a certificate
A\$105 (offshore applicant) or A\$ 115.50 (onshore applicant) per Verification for academic transcripts
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 INFORMATION

FAMILY NAME (surname): _____ GIVEN NAME/S: _____

DATE OF BIRTH: ____/____/____ FILE No.

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I, _____, the above named applicant/the authorised agent for the above named applicant, hereby request a Re-Verification of the attached negative verification 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: ____/____/____

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

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

 Please include additional information/documents which may support your request.

 Please confirm your current postal address and contact information:

TELEPHONE: _____ MOBILE: _____ FAX: _____ EMAIL: _____

ADDRESS FOR CORRESPONDENCE: _____

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 Re-Verification.

Name of Cardholder: _____

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

Signature of Cardholder: _____

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

