Admissions and Enrolments
The South Pacific College of Natural Medicine
PO Box 11-311,
Ellerslie 1542
Auckland, NZ
Email: enquiries@spcnm.ac.nz
Phone: +64 0800 100 638

Statutory Declaration

This Statutory Declaration is to be submitted as evidence for a request for replacement of degree or diploma/ certificate (to be attached to the request form).

Please complete the following declaration in the presence of a Justice of Peace, Solicitor, Notary Public, NZ Consular Official or Officer authorised to take and receive Statutory Declarations

I, _____ (Name) of

_____ (Address)

_____(Occupation)

Request a replacement certificate for –

Qualification: _____

Date qualification conferred or awarded: _____

Hereby solemnly and sincerely declare – (tick all that apply)

☐ the original certificate has been **lost**.

☐ the original certificate has been **damaged**.

☐ the original certificate has been **destroyed**.

☐ I am now legally known by a name that is different from the name on my original certificate, and request for a replacement certificate to be issued under my new name.

Name to appear on replacement: _____

Note: You must attach a certified copy of evidence to show both your former name in which the certificate was issued, and the name you wish the replacement certificate to be issued in.
E.g. Birth certificate, name change certificate, marriage certificate.

I indemnify the College against all liability it may incur as a result if improper use being made of the former Degree/Diploma/Certificate including (without limitation) all legal costs incurred in any proceedings involving the College as a result of such improper use.

I make this solemn declaration conscientiously believing that same to be true and by virtue of the Oaths and Declarations Act 1957.

Declared on: _____/_____/_____ (dd/mm/yyyy)

Signature of Declaration _____

Witnessed by: _____ (name)

One of the following:

- *Justice of the Peace*
- *Solicitor* _____ (name)
- *Notary Public*
- *NZ Consult Official*
- *Or Officer authorised to take and receive Statutory Declarations.*

Affix

seal or stamp

here

If no seal or stamp, please attach business card

Return the original of this form along with the completed request form. We will not accept forms sent by email.