

REPLACEMENT CERTIFICATE REQUEST

Please return this form with your payment of £50.00, so that we can issue you with a replacement membership certificate. If you require your replacement certificate to be sent to you by courier, this will incur an additional charge – the amount of this charge will depend on your location, and will be confirmed on receipt of your form.

If you require your certificate to be sent by courier, please tick this box

Please indicate why your previous original certificate needs replacing – if it has been damaged and is still in your possession, please return your original certificate with your payment. Please return this form by post to the Membership Department – Your replacement certificate will be despatched within 28 days of payment being received.

Damaged	Please state which type of certificate you wish to replace:
Stolen	
Other	
Please provide further information:	
Your College Reference I	No.:
Your Full Name:	
Please tick one of the fol	lowing:
I enclose a che	que or sterling draft made payable to 'The Royal College of Pathologists'
I wish to pay by	y credit card as follows (please complete details below)
Name of cardholder:	
Address of cardholder:	
Email address:	
Telephone number:	
Card type: MasterCar (please tick)	d 🔄 Visa 🔄 JCB 🔄 Delta 🔄 Electron 🦳 Mastro 🔄 Solo 🔄
Card Number	
Security code (last 3 digits found on the signature strip)	Start date / Expiry Date / Issue No. (mm/yy) / (mm/yy) / (if applicable)
I authorise you to charge	£50.00 to the above credit card – and any further charges relating to courier costs.
Signature:	Date:
4 th Floor, 2 London E1 Tel: 020 74	College of Pathologists 1 Prescot Street 8BB 151 6700, Fax: 020 7451 6701, www.rcpath.org 151 6700, Fax: 020 7451 6701, www.rcpath.org 10 INVESTORS 10 INVESTORS 10 INVESTORS 10 INVESTORS

(Please DO NOT send your card details by email)



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