The Royal College of Pathologists
Pathology: the science behind the cure

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: Membership Department, 4th Floor, 21 Prescot Street, London E1 8BB** – Your replacement certificate will be despatched within 28 days of payment being received.

Damaged ☐

Stolen ☐

Other ☐

Please state which type of certificate you wish to replace: _____

Please provide further information: _____

_____

Your Name: _____ **Your College Reference No.:** _____

*** Please tick one of the following:**

☐ **I enclose a cheque or sterling draft made payable to 'The Royal College of Pathologists'**

☐ **I wish to pay by credit card as follows (please complete details below)**

I authorise you to charge £50.00 to the credit card below – and any further charges relating to courier costs.

Signature: _____ **Date:** _____

Name of cardholder: _____

Address of cardholder: _____

_____

Email address: _____ **Telephone Number:** _____

Card type: **MasterCard** ☐ **Visa** ☐ **Electron** ☐ **Solo** ☐ **Switch** ☐ **Delta** ☐ **Maestro** ☐
(please tick)

Card Number ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Start Date (mm/yy) ☐☐ / ☐☐ **Expiry Date** (mm/yy) ☐☐ / ☐☐ **Issue No.** (if applicable) ☐☐

Security code (the last 3 digits on the signature strip of the card) ☐☐☐ (please provide)

Security code to be detached and destroyed after processing

(**Please DO NOT send your card details by email)**