

*Replacement Requests*

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| ***IMportant INFORMATION*** |
| ***PLEASE ENSURE THAT YOU READ THE BELOW POINTS PRIOR TO COMPLETING THE REPLACEMENT REQUEST FORM:***1. The candidate must agree with the APP who is responsible for the cost of the replacement. Unless the APP agrees to pay and counter signs this form, payment will be collected from the candidate.
2. If the APP or candidate is in possession of the original certificate or badge, then it must be returned before a duplicate can be sent.
3. Any ‘lost’ certificates subsequently found must be returned to WSET.
4. Please allow a maximum of 4 weeks for the processing of your application.
5. Please return completed forms to exams@wsetglobal.com or post to the Examinations Department, WSET, Unit 11, Baden Place, Crosby Row, London SE1 1YW
6. Upon receipt of a Replacement Request, a WorldPay payment link will be sent to the e-mail address provided. The application will not be processed until this payment is made. Please see below for the prices.
7. Data protection statement: the information supplied on this form and any supporting documentation will be treated as confidential and processed by WSET in accordance with its Data Protection Policy, a copy of which is available on request.
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| ***Fees*** |
| **Replacement Badge (UK)** | £3.00 |
| **Replacement Badge (Europe)** | £4.00 |
| **Replacement Badge (Rest of the World)** | £5.00 |
| **Replacement Certificate for qualifications post-1990** | £30.00 |
| **Replacement Certificate for qualifications pre-1990** | £60.00 |
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| ***Declaration*** |
| **I confirm that the information provided on this form is complete, correct and that this is a genuine request for a replacement certificate for a WSET qualification that I have already achieved, and that I agree to make the required payment.** |
| Signature  | **Date** |
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| ***Replacement request form*** |    |
| For WSET Qualification Levels 1 – 4 |

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| ***Candidate and qualification Details*** |
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| **First Name** |  | **Last Name** |  |
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| **Certificate Name** (if different to above) |  |  |  |
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| **Email Address**  |  |

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| **Date of Birth**  |  | **Candidate No.** (if known) |  |
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| **Qualification Level and Subject** | **Level**(1/2/3/4) |  | **Subject**(Wines/Spirits/Sake) |  |
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| **Date of Exam** |  | **Exam** **Number** (If known) |  |
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| **Approved Programme Provider** |  |
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| Please confirm below if this replacement request is being made by the Candidate or Approved Programme Provider: |
| **Candidate** |  | **APP** |  | **Other** |  |
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| ***REPLACEMENT REQUEST*** |
| Please specify if a replacement Certificate and/or Pin is required: |
| **Certificate** |  | **Badge** |  |
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| Please state the reason for the replacement: |
| **Original Damaged** |  | **Original Not Received** |  | **Original Lost** |  |
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| **Certificate Error** |  | **Other – Please State:** |  |
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| Please provide the full details of where the replacement should be sent to. A contact number is required for the courier service. |
| **Contact Name** |  | **Contact No.** |  |
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| **Full Address:** |  |  |  |
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