## Application Form for 'SECOND COPY' of Qualification Endorsement Certificate (QEC)

| Applicant's          | s Name (in capital letters):  |                                |                    |                          |  |
|----------------------|---|--------------------------------|--------------------|--------------------------|--|
| CID No.:             |   |                                |                    |                          |  |
| Contact No           | h.:   |                                |                    | Ħ                        |  |
| QEC No. to           | be replaced:  |                                |                    | _                        |  |
| Reason for           | replacement:  |                                |                    |                          |  |
|                      |   |                                |                    | (Passport<br>size photo) |  |
|                      |   |                                | Dated signature of | of the applicant         |  |
| Checklist            | of received documents (TI   | For official use only:<br>CK): |                    |                          |  |
| 1.<br>2.<br>3.<br>4. | Letter from the police/R<br>CID copy<br>Two passport size photo<br>Receipt of replacement |                                |                    |                          |  |
| Application          | n <b>received on</b> /  | /20 and verified by            |                    |                          |  |
|                      |   | Dated signature                |                    |                          |  |
| Recommen             | nded for replacement:   |                                |                    |                          |  |
|                      |   | Dated signature of D           |                    |                          |  |
| Receipt of Received  | QEC: the "SECOND COPY"/RS/ from the   | of the Qualification           | Endorsement C      | Certificate No.          |  |
| Self:/N              | Tame of authorised person (A  | Attach authorisation letter    | ):                 |                          |  |
| Dated signature:     |   | _ CID No                       | Contact No         | Contact No               |  |