



REPLACEMENT ID CARD FORM

ID Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
First Name(s)	<input type="text"/>
Last Name	<input type="text"/>
Date of Birth (Day / month / year)	/ /
Please Select One	<input type="radio"/> Student <input type="radio"/> Staff Member <input type="radio"/> Academic
Reason for Replacement	<input type="radio"/> Loss <input type="radio"/> Damage <input type="radio"/> Theft <input type="radio"/> Change in name
Do you have money in the card?	<input type="radio"/> Yes <input type="radio"/> No
Step 1 : Please submit the completed form to : <ul style="list-style-type: none">- Student Affairs office (If you are a student)- Human Resource Office (If you are a staff member) <p>There is a replacement fee of 20 KM that must be paid to Financial Office in advance and proof of payment should accompany this form.</p>	