



BARBADOS INSTITUTE OF MANAGEMENT AND PRODUCTIVITY

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REQUEST FOR REPLACEMENT CERTIFICATE FORM

REGULAR COURSE	BCMS	BDMS	BBA	OTHER
National Registration #:		Date of Birth: dd / mm / yyyy		
Last Name:		First Name:		Middle Initial:
Former/Maiden Name:(Where applicable)				
Address1:				
Address2:				
Parish:		Postal Code:	Country:	
Home Phone:		Work Phone:	Cell Phone:	
Email Address:				
DETAILS (Where Applicable)				
#	Course Code	Course Title	Term	Year
1.				
2.				
3.				
4.				
Reason for request :				
Signature:			Date:	
(Text)			(Image)	
INFORMATION:				
1. A fee of \$50.00 is charged per Programme Certificate. (BBA, BDMS & BCMS)		4. All outstanding matters MUST be settled prior to making request.		
2. A fee of \$25.00 is charged per Regular Certificate		5. All fees are payable to: BIMAP		
3. Fees MUST be paid upon making request for processing to commence.		PROCESSING TIME: ❖ Regular Certificates - 2 Weeks ❖ Programme Certificates - 4 Weeks		

FOR OFFICIAL USE ONLY

PAYMENT INFORMATION	
Amount Paid: \$	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Receipt No:	<input type="checkbox"/> Debit Card <input type="checkbox"/> Credit Card
Date Paid:	Cashier's Signature: