



# Trainee Identity Card Replacement Form

Name:..... RIM ID No.:.....

Course:.....

**Tick Appropriate Box**

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## Card Lost

## Card Damage

Signature of Student

Date:.....

Year:.....

**Verified by:**

Course Coordinator

Name:.....

Signature:.....

Date:.....

**Approved by**

Head of Department

Name:.....

Signature:.....

Date:.....