

# MHM

AUSTRALASIA PTY LTD  
A.C.N. 066 062 888

Ph: (02) 9211 4110  
Fax: (02) 9211 4118  
[enquiries@barmax.com.au](mailto:enquiries@barmax.com.au)

P.O. Box 909  
Broadway NSW 2007

OFFICE USE ONLY: Signature Checked <input type="checkbox"/> Completed <input type="checkbox"/> Initial <input type="checkbox"/>		
RSA	RCG	Bar / Ckt
Course Code:	<input type="text"/>	
MHM Cert #:	<input type="text"/>	
Paid:	<input type="text"/>	

## PLEASE USE THIS FORM IF YOU COMPLETED YOUR COURSE PRIOR TO JANUARY 1<sup>st</sup> 2014

- Re-Issues incur an Administration Fee of **\$50 per Certificate**.
- Please fill out ALL information and sign. Return to the above contact details.
- Payment can be made either by Credit Card, posting in a Money Order (Obtained at Post Office).  
Cheques are acceptable but require clearance before certificate issue.
- Re-Issues are processed every **Friday**. Please return this form with **PAYMENT** by the prior **Thursday** to ensure processing. Re-Issue Forms not received by close of business **Thursday with payment** will NOT be processed.
- Urgent Certificate Re-Issues can be processed at an urgency fee of \$75 per Certificate & will be processed within 24hrs of form being received.
- Reissues are sent via Registered Post and Australia Post will require a signature upon receipt
- Reissue Forms are held unpaid for ten working days. If payment is not received within this period the form will be deactivated and a new re-issue form will be required.

### METHOD OF RECEIPT: (Please tick one)

Post  (if ticked fill out below address for mailing)      Pick Up  (Broadway Location ONLY)

**Address for Mailing** Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

**Contact Info** Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### ATTENDEE / COURSE DETAILS

**Full Name of Attendee** at time of course: \_\_\_\_\_

Approximate date when completed course: (i.e. May 2004) \_\_\_\_\_

Certificates to be re-issued (Please tick):    RSA     RCG     Bar Course     Cocktail Course

Course Location: \_\_\_\_\_

Certificate number (if known): \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

**Attendee's Signature:** **X** \_\_\_\_\_

Attendee's signature is required to verify enrolment completed at course.

<b>PAYMENT DETAIL – AMOUNT: \$</b> (\$50 Fee Per Certificate / \$75 Fee Per Urgent Certificate)	
Please tick method of payment:	Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Cheque <input type="checkbox"/>
Money Orders & Cheques are to be made out to <b>MHM AUSTRALASIA Pty Ltd</b>	
<b>If paying by credit card: Please debit my credit card automatically for the Amount stated above.</b>	
Card No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Card Holder: _____	Exp Date: ____/____/____
Cardholder Signature: _____	CCV (3 digit verification number): _____