



LOSS OF STUDENT'S PASS FORM

Student's Details

Full Name _____

Date of Birth _____

Batch No. _____

Email Address _____

Contact No. _____

Student's Pass Information

FIN No. _____

Date of Issue _____

Date of Expiry _____

I hereby confirm that I have lost my Student's Pass card and will report to ICA to apply for a replacement within 7 working days.

Please find attached the **Original Police Report** and **Course Schedule** for issuance of the school letter.

Student's Signature / Date

The completed form is to be returned to Student Services Centre.

MDIS undertakes to maintain the confidentiality of student's personal information and not to divulge the information to any third party without the consensus of the student.