



# THIKA TECHNICAL TRAINING INSTITUTE

P.O BOX 91 THIKA, Tel: 020-2044965

Email: [thikatechnical@gmail.com](mailto:thikatechnical@gmail.com)

Website: [www.thikatechnical.ac.ke](http://www.thikatechnical.ac.ke)



TTTI/B/REP/VOL.1

## CARD REPLACEMENT REQUEST FORM

This form is only for students who need a replacement of the student card. Incoming, first-year students are not charged a fee for their original student card. The fee for replacing a lost card is **KES 500**, payable to the finance department.

### PART ONE: (Student Information)

Last Name

First Name

Other Name

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Course:

Department:

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Admission Number:

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Level of Study

Artisan

Certificate

Diploma

Reason for Replacement

ID Lost

ID Stolen

ID Damaged

Expected Year of Completion

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## PART TWO: (Attachments)

Kindly attach a Copy of the following documents and check on the checkboxes provided.

- Letter Addressed to your HOD With reasons for ID Replacement
- Payment Receipt from Finance office
- Police Abstract | OB

I confirm that the above attachments have been attached and the information provided is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PART THREE: (Approvals)

Approval by HOD:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_

Approval by Security:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_

Approval by Deans of Students:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_

Approval by Finance:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_

Approval by Chief Principal:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date/Stamp \_\_\_\_\_