



REQUEST FOR VERIFICATION OF CREDENTIALS

A. SECTION A: FOR THE CLIENT

Name of Client: Address:

Date: Time:

Email Address: Telephone no:

Identification number: (Passport / Driver's licence /National ID)

Secondary School attended:

Name(s) of the institution(s) from which qualification(s) has/have been issued:

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.....
.....

Name of Programme(s) and Level(s):

.....
.....
.....

Dates of enrolment and or completion of programme(s):

.....
.....

Have you previously requested a verification from the National Accreditation Board? Yes No

If yes, date/year

Is this application for the purpose of applying for the CARICOM Single Market and Economy (CSME) Skills Certificate? Yes No

.....
Submitted by (Print name)

.....
Signature

List of Original Documents

Please allow a minimum of ten (10) working days for processing.

1.
2.
3.
4.
5.
6.
7.
8.

Submitted by:
(Print name)

Signature:

Received by:
(Print name)

Signature:

Date:

PROCESSING

- **Application fee is non-refundable.**
- **Any additional costs incurred during the verification process must be paid by the client.**
- **Applicants should be aware that timely delivery of service is of priority to the NAB. However, this is dependent upon many variables often outside of our control. Responses may therefore be delayed.**