| Province of the EASTERN CAPE | | | | EC/C | CER/04/15 |
|--|---|---|---|---|-----------|
| | Education | | | | |
| Assessment & Examinations, Bundy Park Building, Schornville, Buffalo Road, King Williams Town. P. O. Box 4571 * King Williams Town * 5600 * REPUBLIC OF SOUTH AFRICA Enquiries: M. Thati: Tel: +27 (0)43 604 7758/24 * Fax: (0)43 604 7800: e_mail: mfundo.thati@edu.ecprov.gov.za * Website: www.ecdoe.gov.za | | | | | |
| Banking Details: Standard Bank | | | | | |
| Application for a Combination of NSCSubjects | | | Account Name ECPG Department of Education | | |
| This application must be submitted to the Head of Department | | | Account Number | | |
| Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600 Please Note: Should the applicant qualify for a Certificate after symbols have been | | | Type of Account Branch | Current Account King Williams Town | |
| combined, a Payment of R80.00 will be required before the Certificate is released. If the applicant fails to qualify for a Certificate, a fee of R34.00 will be required for a statement. | | | Branch Code | 050419 | |
| Attach Bank Deposit Slip, to this form, as proof of Payment. | | | | | |
| Particulars of applicant: (Block Letters) | | | | | |
| Maiden | | First Name(s |): | | |
| Name | | | | | |
| Postal Address | | | | | |
| | | | | | |
| Postal | | | Cell. No | | <u></u> |
| Code Lode Date of Birth | | | | | |
| Gender Male Female | | | | | |
| | | | | | |
| Year Wrote | Examination Number | School/Centre Na | me | Subject | % |
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| Year Wrote | Examination Number | School/Centre Na | me | Subject | % |
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| | | | me | Subject | % |
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| Image: state of the | Cofimvaba | "Sign dwith an "X" Dutywa | | on Fort Beaufor | |
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| Image: Second state sta | Image: Second symbol with an "= District where the form was submitted Cofimvaba Cofimvaba Cradock Grahamstown Mbizana | "Sign dwith an "X" Dutywa Lady Frere Mt Frere | East Londo | on Fort Beaufor Lusikisiki Ngcobo | |
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