

Province of the **EASTERN CAPE**

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

<u>Application for Re-Issue of Certificate due to Departmental</u> <u>Oversight(e.g. Surname, ID Number)</u>

This application must be submitted to the Head of Department

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600

Attach Bank Deposit Slip, to this form, as proof of Payment of R80.00

Date

A)Particulars of applicant:(Block Letters)
Surname: First Name(s):
Postal Address
Postal Code Postal Code
Gender M = Male Tele. Cell. No. No.
Examination (Indicate: Grade 12[Std 10],Std 8, Std 5 etc) Examination Number
Year in which the examination At which
was passed (YYYY) School/Centre Previous TBCV
Province States
B) Name of applicant as shown on original certificate
Surname: First Name(s)
Names required to be shown on certificate
Surname: First Name(s)
C) Date of birth on certificate Correct date of birth
D) Identity No. on certificate Correct Identity No.
Indicate the District where the form was submitted with an "X"
Butterworth Cofimvaba Cradock Dutywa East London Fort Beaufort
Graaff-Reinet Grahamstown King Williams Town Lady Frere Libode Lusikisiki
Maluti Mbizana Mt Fletcher Mt Frere Mthatha Ngcobo
Port Elizabeth Queenstown Qumbu Sterkspruit Uitenhage Head Office
Please note that the original certificate and a Photostat copy of the applicant's particulars from their identity document must be attached to this application. NB. Travel or temporary identity document are not acceptable
SWORN DECLARATION
This declaration must be signed before a commissioner of Oaths I, the undersigned, hereby declare that the information given is to the best of my knowledge correct and the prescribed Oath binding
Date Signature
Signed at on this day of in the year
The deponent acknowledges that he/she understands the contents of this Affidavit which has been signed and Sworn before me.
Commissioner of Oaths Name (Please Print)
Official Stamp
Commissioner of Oaths (Signature)