

CHIEF DIRECTORATE EXAMINATIONS AND ASSESSMENT

Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, 5608, Private Bag X0032, Bhisho, 5605 REPUBLIC OF SOUTH AFRICA:

Enquiries: Mr Thati. Tel: 040 602 7024 . Fax :040 602 7297. Email: mfundo.thati@ecdoe.gov.za

Website: www.ecdoe.gov.za

## Application for change on certificate (re-issue)

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 R141.00

## **Banking Details: ABSA**

Account Name: Department of Education

Account Number: 41-0021-5111

Branch:

ABS EC PUBL SECTOR

Branch Code: 632005

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A\Particulars of applicant	**/Plank Latters
A)Particulars of applicant	LIGHOCK Letters)
Surname:	First Name(s):
Postal Address	
	······
	Postal Code Postal Code
Gender M = Male F = Female	Tele. No. Ceil.
Examination (Indicate: Grade 12	
Year in which the examination	Examination Number  At which
was passed (YYYY)	School/Centre
Province	Previous TBCV
LIOAIIICA	States
B) Name of applicant as s	shown on original certificate
	-
Surname:	First Name(s)
Names required to be s	hown on certificate
Surname:	First Name(s)
C) Date of birth on certificate	Correct date of birth
D) Identity No. on certificate	Correct Identity No.
to disease the Bisa tax the control of the control	
Indicate the District wh	ere the form was submitted with an "X"
Alfred Nzo East	OR Tambo Coastal Buffalo City Processed by
Alfred Nzo West	OR Tambo inland Chris Hani West
Chris Hani East	Amathole East Nelson Mandela Approved by
Joe Gqabi	Amathole West Sarah Baartman
Please note that the original certificate and a Photostat copy of the applicant's particulars from their identity document must be attached to thi 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 de	eclare 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 acknow	wledges that he/she understands the contents of this Affidavit which has been signed and Sworn before me.
	_
	Commissioner of Oaths Name (Please Print)
0	fficial Stamp
	Commissioner of Oaths (Signature)
1	
1	Date



