Banking Details: Standard Bank



Province of the EASTERN CAPE

Application for a Duplicate Teacher's Certificate

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.thatl@edu.ecprov.gov.za * Website: www.ecdoe.gov.za

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 R73,00	Account Name Account Number Type of Account Branch Branch Code	ECPG Department of Education 27 302 159 1 Current Account King Williams Town 050419
Particulars of applicant: (Block Letters)		
Surname: First Name(s):		
Maiden Name		
Postal Address		
Postal Tele. Te	ele.	
	2.(w)	
Date of Identity		
Birth Number Course		
The Original Certificate was: (Mark with a "X") Lost Stolen Never Received Destroy	ved Exam	
First Supplementary Second Supplementary	- Date	
Exam Date Exam Date		·
Subjects Subjects		·-·· <u> </u>
	_	
Signature of Applicant Date		
	<u> </u>	
SWORN DECLARATION This declaration must be signed before a commissioner of Oaths		
l, the undersigned, hereby declare that the information given is to the best of my knowledge correct and the prescribed Oath binding		
DateSIgnature		
Signed at On this Day of	•	In the year
The deponent acknowledges that he/she understands the contents of this Affidavit which Official Stamp Commissioner of Oaths	has been signed and	d Sworn before me.