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

Application for a Combination of NATED 550 Subjects

This application must be submitted to the Head of Department

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 combined, a Payment of **R73.00** will be required before the Certificate is released. If the applicant fails to qualify for a Certificate, a fee of **R26.00** will be required for a statement. Attach Bank Deposit Slip, to this form, as proof of Payment.

Banking Details: Standard Bank	
Account Name	ECPG Department of Education
Account Number	27 302 159 1
Type of Account	Current Account
Branch	King Williams Town
Branch Code	050419

Particulars of applicant: (Block Letters)

Surname: ..... First Name(s): .....

Maiden Name .....

Postal Address .....

.....

Postal Code ☐☐☐☐ Tele. No. ☐☐☐☐☐☐☐☐☐☐ Cell. No ☐☐☐☐☐☐☐☐☐☐

Date of Birth ☐☐☐☐☐☐☐☐ Identity Number ☐☐☐☐☐☐☐☐☐☐☐☐☐

Gender Male ☐ Female ☐

Year Wrote	Examination Number	School/Centre Name	Subject and Grade	Symbol*
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			
☐☐☐☐	☐☐☐☐☐☐☐☐☐☐☐☐			

*** NB: Indicate a converted symbol with an "=" Sign**

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	☐

..... Date ..... Signature