



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

| | |
|-----------------|-------|
| Receipt number: | _____ |
| Date: | _____ |
| Amount: | _____ |
| Signature: | _____ |

CHIEF DIRECTORATE: NATIONAL EXAMINATIONS, ASSESSMENT AND MEASUREMENT

Private Bag X110, Pretoria, 0001, South Africa, 222 Struben Street, PRETORIA, 0002.
0002. Tel: +27 12 357 3256, Fax: 012 323 0603, http://www.education.gov.za

**APPLICATION FOR A REPLACEMENT CERTIFICATE STD'S 5,6,7,8,9,10
(PRACTICAL), TEACHERS' AND CERTIFIED STATEMENT**

This application should be submitted/posted to the Chief Directorate: Educational Measurement, Assessment and Public Examination at the postal address listed above.

DULY COMPLETED APPLICATION FORM SHOULD BE ACCOMPANIED BY POSTAL ORDER FOR THE AMOUNT OF R48.00 (MADE OUT TO THE DEPARTMENT OF BASIC EDUCATION)

PLEASE NOTE: A CERTIFIED COPY OF YOUR ID DOCUMENT/BIRTH CERTIFICATE SHOULD BE ATTACHED TO YOUR APPLICATION

- | | | |
|--|--|--|
| <input type="checkbox"/> Std 5 certificate | <input type="checkbox"/> Std 6 certificate | <input type="checkbox"/> Std 7 certificate |
| <input type="checkbox"/> Std 8 certificate | <input type="checkbox"/> Std 9 certificate | <input type="checkbox"/> Std 10 certificate (Practical) |

Please ensure that your personal particulars are in accordance with your Identity document

| | |
|----------------------|-------------|
| Surname and Initials | |
| Full Name | |
| Maiden Name | |
| Postal Address | Code: |
| Tel no (Home) | |
| Cell no | |
| ID number | |

I hereby confirm that the information submitted on this application form is valid: _____

Please mark with and X to indicate if the certificate should be posted to the address indicated above or kept in the office for collection.

Collect

Post

EXAMINATION INFORMATION

| Year and Month of exam | Examination number | School/College attended | Province (If applicable) | Part/Full time |
|------------------------|--------------------|-------------------------|--------------------------|----------------|
| | | | | |

AFFIDAVIT

I, (names(s) and surname) declare that my original certificate was lost/destroyed/stolen/never received and hence request for a replacement of the certificate. The information in this duly completed application form is to the best of my knowledge the truth, the whole truth and nothing but the truth. I understand the contents of this declaration and have no objection to the oath. I consider this oath to be binding on my conscience.

Signed at on this day of 20.....

Signature of deponent: Tel

Postal Address

The deponent had acknowledged that he/she knows and understand the contents of this declaration sworn before me and placed his/her signature in my presence.

Commissioner of oath: Rank

Name:
Signature of Applicant Date