

basic education
Department:
Basic Education

Receipt number:	
Date:	
Amount:	
Signature:	

REPUBLIC OF SOUTH AFRICA

CHIEF DIRECTORATE: NATIONAL ASSESSMENT AND PUBLIC EXAMINATIONS

Private Bag X895, 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/NSC TEACHERS CERTIFIED STATEMENT

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

DULY COMPLETED APPLICATION FORM SHOULD BE ACCOMPANIED BY CHEQUE OR POSTAL ORDER FOR THE AMOUNT OF R73.00 (MADE OUT TO THE DEPARTMENT OF BASIC EDUCATION) (Application fee is valid from 01 April 2014 – 31 March 2015).

PLEASE NOTE: A CERTIFIED COPY OF YOUR ID DOCUMENT/BIRTH CERTIFICATE AND DETAILED AFFIDAVIT SHOULD BE ATTATCHED TO YOUR APPLICATION

STD 5 certificate
STD 8 certificate

STD 6 certificate
STD 9 certificate

STD 7 certificate
 STD 10 certificate

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

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

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

Examination number

		Post	
EXAN	/INATION INFORMATION		
nber	School/College attended	Province	Part/Full time

(If applicable)

DECL	ARA	

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.

Signature of Applicant

Year and Month of

exam

Date

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