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 **DEPARTMENT OF EDUCATION**

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**KNOWLEDGE & RECORDS MANAGEMENT DIRECTORATE**

Steve Vukile Tshwete Education Complex \* Zone 6\* Zwelitsha \* Private Bag X0032 \*Bhisho\* 5605 \* REPUBLIC OF SOUTH AFRICA \* Tel: +27 (0)40 608 4451 Fax: +27 (0)40 608 4622

Email Address: thabisile.dlamini@edu.ecprov.gov.za\*

**DOCUMENT MANAGEMENT CENTRE - ZWELISTHA**

**DOCUMENT REQUEST FORM**

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| **Item No.** | **Office / District** | **BAS Payment Voucher Number** | **Type of Transaction** *e.g. Sundry or Upload* | **Period** |
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***Please attach list if the space is not sufficient***

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| Chief /Directorate /Office Name |  |
| Name & Surname of the Requester |  |
| Signature of the Authorising Officer |  |

**Office use:**

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| DMC Client Service Desk Official Name | Signature | Date |
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