



**CHIEF DIRECTORATE EXAMINATIONS AND ASSESSMENT**

Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, 5608, Private Bag X0032, Bisho, 5605 REPUBLIC OF SOUTH AFRICA:  
Enquiries: Mr Thati. Tel: 040 602 7024 . Fax :040 602 7297. Email: [mfundo.thati@ecdoe.gov.za](mailto:mfundo.thati@ecdoe.gov.za)  
Website: [www.ecdoe.gov.za](http://www.ecdoe.gov.za)

<p><b><u>Confirmation document issued prior to the certificate</u></b></p> <p><b>NB: This application must be submitted to the nearest District</b></p> <p><b>Office Assessment and Examinations, as indicated below</b> <b>Attach proof of Payment of R52.00, ID Copy signed at the bottom by commissioner of oath</b></p>	<p><b>Banking Details: ABSA</b></p> <p>Account Name: Department of Education Account Number: 41-0021-5111 Branch: ABS EC PUBL SECTOR Branch Code: 632005</p>
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**Particulars of applicant: (Block Letters)**

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

Postal Address .....

Postal Code     Tel. No.            Cell. No.

Date of Birth       Identity Number

Examination (Indicate: Grade 12 [Std10])  Examination Number .....

Year in which the examination was passed     At which School/Centre .....

Full Time  Part Time  Province ..... Previous TBCV State .....

State fully what happened to the original certificate. A Photostat copy of the applicant particulars from their Identity Document must be attached to this document.

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Please indicate all subjects, grade and symbols obtained:

1 .....	2 .....	3 .....
4 .....	5 .....	6 .....
7 .....	8 .....	9 .....

**Indicate the District where the form was submitted with an "X"**

Alfred Nzo East <input type="checkbox"/>	OR Tambo Coastal <input type="checkbox"/>	Buffalo City <input type="checkbox"/>	Processed by _____ Dist/H Off _____
Alfred Nzo West <input type="checkbox"/>	OR Tambo inland <input type="checkbox"/>	Chris Hani West <input type="checkbox"/>	
Chris Hani East <input type="checkbox"/>	Amathole East <input type="checkbox"/>	Nelson Mandela <input type="checkbox"/>	Head Office _____
Joe Gqabi <input type="checkbox"/>	Amathole West <input type="checkbox"/>	Sarah Baartman <input type="checkbox"/>	

**SWORN DECLARATION** (This declaration must be signed before a commissioner of Oaths)

I, the undersigned, hereby declare that the information given is to the best of my knowledge correct and the prescribed Oath binding

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

Signed at ..... on this ..... day of ..... in the year .....

The deponent acknowledges that he/she understands the contents of this Affidavit which has been signed and Sworn before me.

.....  
Commissioner of Oaths Name (Please Print)

.....  
Commissioner of Oaths (Signature)

.....  
Date

Official Stamp

