



Application for a Statement in Lieu of as lost Certificate

This application must be submitted to the Superintendent General.

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600 together with a Postal Order for R48,00

Particulars of applicant: (Block Letters)

Surname: First Name(s):

Postal Address

Postal Code Tele. No. Cell. No

Date of Birth Identity Number

Examination (Indicate: Grade 12[Std 10], Std 8, Std 5 etc) 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 applicants particulars from their Identity Document must be attached to this document.

Please indicate all subjects, grade and symbols obtained:

1	2	3
4	5	6
7	8	9

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 Signed Signature

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.

Official Stamp

Commissioner of Oaths