

Province of the **EASTERN CAPE**

Education

Chief Directorate Assessment And Examinations, Steve Vukile Tshwete Building Zone 6.
P. O. Box 4571* King Williams Town * 5600 *REPUBLIC OF SOUTH AFRICA
Enquiries: M.Thati: Tel: +27 (0)43 604 7758/24 * Fax: (0)40 604 7024: Email mfundo.thati @ecdoe.gov.za *Website: www.ecdoe.gov.za

Application for Legal Change Certificates

This application must be submitted to the Head of Department

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600

Attach Bank Deposit Slip, to this form, as proof of Payment of R130.00

Banking Details: Standard Bank

Account Name

Account Number

Type of Account Branch

Branch Code

ECPG Department of Education

27 302 159 1

Current Account King Williams Town

050419

A)Particulars of applicant:(Block Letters)							
Surname: First Name(s):							
Postal Address							
Postal Code							
Gender M = Male Tele. F = Female No.							
Examination (Indicate: Grade 12 [Std 10] ,Std 7,8,9,10 Year in which the examination Examination Number							
was nassed (YVYV)							
Previous TBCV							
Province States							
B) Name of applicant as shown on original certificate							
Surname: First Name(s)							
Names required to be shown on certificate							
Surname: First Name(s)							
C) Date of birth on certificate Correct date of birth							
D) Identity No. on certificate Correct Identity No.							
Indicate the District where the form was submitted with an "X"							
Alfred Nzo East OR Tambo Coastal Buffalo City Processed by							
Alfred Nzo West OR Tambo inland Chris Hani West							
Chris Hani East Nelson Mandela Approved by							
Joe Gqabi Sarah Baartman							
Please note that the original certificate and a Photostat copy of the applicant's particulars from their identity document must be attached to this application. NB. Travel or temporary identity document are not acceptable							
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 at on this day of in the year							
and 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)							
Official Stamp							
Commissioner of Oaths (Signature)							
Date							
Date							



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Education

Chief Directorate Assessment And Examinations, Steve Vukile Tshwete Building Zone 6.

P. O. Box 4571* King Williams Town * 5600 *REPUBLIC OF SOUTH AFRICA
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Branch

Branch Code

Application for Lost Statement

This application must be submitted to the Head of Department

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600

Attach Bank Deposit Slip, to this form, as proof of Payment of R50.00

Banking Details: Standard Bank Account Name **ECPG** Department of Education Account Number 27 302 159 1 Type of Account **Current Account** King Williams Town

050419

A)Particulars of applicant:(Block Letters)								
Surname: First Name(s):								
Postal Address								
Postal Code								
Gender M = Male Tele. Cell. No. No.								
Examination (Indicate: Grade 12 [Std 10] Std 7 9 0 10								
Year in which the examination At which								
was passed (YYYY) School/Centre Previous TBCV								
Province States								
B) Name of applicant as shown on original certificate								
Surname: First Name(s)								
Names required to be shown on certificate								
Surname: First Name(s)								
C) Date of birth on certificate Correct date of birth								
D) Identity No. on certificate Correct Identity No.								
Indicate the District where the form was submitted with an "X"								
Alfred Nzo East OR Tambo Coastal Buffalo City Processed by								
Alfred Nzo West OR Tambo inland Chris Hani West								
Chris Hani East Nelson Mandela Approved by								
Joe Gqabi Sarah Baartman								
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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 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)								
Official Stamp								
Commissioner of Oaths (Signature)								



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Education

Assessment & Examinations, Steve Vukile Tshwete Building, Zwelitsha, Zone 6.
P. O. Box 4571 * King Williams Town * 5600 * REPUBLIC OF SOUTH AFRICA
Enquiries: M.Thati: Tel: +27 (0)40-6027024 * Fax: (0)40-6027297 email: mfundo.thati@ecdoe.gov.za * Website: www.ecdoe.gov.za

				Banking Details: Standard Bank			
Application for a Combination of NSC/SCa Subjects				Account Name		ECPG Department of Education	
NB:This application must be submitted to nearest District				Account Number		27 302 159 1	
Office Assessment and Examinations as indicated below					Type of Account Current Account		
Attach proof of Payment of R130.00,ID Copy and all statements for combination				Branch			wn
				Branch	Code	050419	10.00
Particulars of appl	licant: (Block Letters)			alite.			
Surname:			First Name(s):				
Maiden Name							

Postal Address							
Postal Code	Tele. No.			Cell. No			
Date of Birth		Identity	Number				
Gender Male							
Wiale	Female		Man.				
Year Wrote	Examination Number		School/Centre Nam	ne		Subject	%
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	1900/100			Allh.			
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^t NB: Indica	te a converted symbol with a	ın "="	Sign				
Indicate the	District where the form was subr	nitted	with an "X"				·
Alfred Nzo East	OR Tambo Coastal		Buffalo	City		Processed by	
Alfred Nzo West	OR Tambo inland		Chris Ha			_	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Chris Hani East	Amathole East		Nelson N			Approved by	- Application
Joe Gqabi		F					
	Amathole West		Sarah Ba	artman			

Date

Signature



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(c) to solve the real terms of	man @.ecube.gov.za	Website: www.ecdoe.gov.za					
Replacement Certificate	Banking Details: Standard Bank						
	Account Name	ECPG Department of Education					
NB:This application must be submitted to the nearest District	Account Number	273021591					
Office Assessment and Examinations, as indicated below	Type of Account	Current Account					
Attach proof of Payment of R130.00,ID Copy signed at the bottom by commissioner of oath	Branch	King Williams Town					
oatii	Branch Code	050419					
Particulars of applicant: (Block Letters)							
	:						
Postal Address							
Postal Tel. Code Cell. No Cell.							
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 Stat	e					
State fully what happened to the original certificate. A Photostat copy of the applicant attached to this document.	particulars from their	Identity Document must be					
Places indicate all subjects and and and all subjects							
Please indicate all subjects, grade and symbols obtained:	3						
Please indicate all subjects, grade and symbols obtained: 1 2							
Please indicate all subjects, grade and symbols obtained: 1 2 4 5 7	6						
Please indicate all subjects, grade and symbols obtained: 1 2 4 5	6						
Please indicate all subjects, grade and symbols obtained: 1	6						
Please indicate all subjects, grade and symbols obtained: 1	9	Processed by					
Please indicate all subjects, grade and symbols obtained: 1	6 9 So City						
Please indicate all subjects, grade and symbols obtained: 1	6 9	Processed by Dist/H Off					
Please indicate all subjects, grade and symbols obtained: 1	6 9 So City	Processed by Dist/H Off Head					
Please indicate all subjects, grade and symbols obtained: 1	O City Hani West Mandela Baartman	Processed by Dist/H Off					
Please indicate all subjects, grade and symbols obtained: 1	9 O City Hani West Hani We	Processed by Dist/H Off Head Office					
Please indicate all subjects, grade and symbols obtained: 1	9 O City Hani West Hani We	Processed by Dist/H Off Head Office					
Please indicate all subjects, grade and symbols obtained: 1	9 O City Hani West Hani We	Processed by Dist/H Off Head Office prescribed Oath binding					
Please indicate all subjects, grade and symbols obtained: 1	6 9 O City Hani West Hani Hani West Hani Hani Hani Hani Hani Hani Hani Hani	Processed by Dist/H Off Head Office prescribed Oath binding					
Please indicate all subjects, grade and symbols obtained: 1	6 9 O City	Processed by Dist/H Off Head Office prescribed Oath binding in the year					
Please indicate all subjects, grade and symbols obtained: 1	6 9 O City	Processed by Dist/H Off Head Office prescribed Oath binding in the year					
Please indicate all subjects, grade and symbols obtained: 1	9 O City Hani West Mandela Baartman Oaths) dge correct and the point of the point o	Processed by Dist/H Off Head Office prescribed Oath binding in the year gned and Sworn before me.					
Please indicate all subjects, grade and symbols obtained: 1	9 O City Hani West Mandela Baartman Oaths) dge correct and the point of the point o	Processed by Dist/H Off Head Office prescribed Oath binding in the year					
Please indicate all subjects, grade and symbols obtained: 1	6 9 O City	Processed by Dist/H Off Head Office prescribed Oath binding in the year gned and Sworn before me.					

Date



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Replacemenet of Standard 7,8,9,10 and practical Certificates

This application must be submitted to the Head of Department

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Attach Bank Deposit Slip, to this form, as proof of Payment of R130.00

A)Particulars of applicant:(Block Letters) Surname: First Name(s):
Postal Address
Postal Code
F = Female No.
Examination (Indicate: Grade 12 [Std 10] ,Std 7,8,9,10 Year in which the examination At which
was passed (YYYY) School/Centre Previous TBCV
Province States
B) Name of applicant as shown on original certificate
Surname: First Name(s)
Names required to be shown on certificate
Surname: First Name(s)
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Chris Hani East
Sarah Badithah
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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.
and one of the control of the contro
Commissioner of Oaths Name (Please Print)
Official Stamp
Commissioner of Oaths (Signature)
Date