Province of the
EASTERN CAPE
EDUCATION

CHIEF DIRECTORATE EXAMINATIONS AND ASSESSMENT
Steve Vukile Tshwete Complex, Zone 6 Zwelitsha, 5608, Private Bag X0032, Bhisho, 5605 REPUBLIC OF SOUTH AFRICA:
Enquiries**: Mr Thati. Tel: 040 602 7024 . Fax :040 602 7297. Email:** mfundo.thati@ecdoe.gov.za
Website: www.ecdoe.gov.za

Application for change on certificate (re-issue)

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 **R141.00**

Banking Details: ABSA

Account Name:	Department of Education
Account Number:	41-0021-5111
Branch:	ABS EC PUBL SECTOR
Branch Code:	632005

A)Particulars of applicant:(Block Letters)

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

Postal Address .....

..... Postal Code ☐☐☐☐

Gender ☐ M = Male F = Female Tele. No. ☐☐☐☐☐☐☐☐☐☐ Cell. No ☐☐☐☐☐☐☐☐☐☐

Examination (Indicate: Grade 12 [Std 10] ,Std 7,8,9,10 ☐ Examination Number .....

Year in which the examination was passed (YYYY) ☐☐☐☐ At which School/Centre .....

Province ..... Previous TBCV 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	☐
Alfred Nzo West	☐	OR Tambo inland	☐	Chris Hani West	☐
Chris Hani East	☐	Amathole East	☐	Nelson Mandela	☐
Joe Gqabi	☐	Amathole West	☐	Sarah Baartman	☐

Processed by _____

Approved by _____

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 ..... 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.

Official Stamp

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

..... **Commissioner of Oaths (Signature)**

..... **Date**