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

Lost Certificate

NB; This application must be submitted to the nearest District

Office Assessment and Examinations, as indicated below
Attach proof of Payment of R141.00, ID Copy signed at the bottom by commissioner of oath

Banking Details: ABSA

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

Particulars of applicant: (Block Letters)

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

Postal Address .....

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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	☐	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 _____

Dist/H Off _____

Head Office

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