

ASSESSMENT AND EXAMINATIONS DIRECTORATE
* P. O Box 4571 King William's Town * 5600 *
REPUBLIC OF SOUTH AFRICA *

REFERENCE 13/P

Tel: +27 (0)43 604 7739

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ASSESSMENT INSTRUCTION 40 OF 2011

TO:

DEPUTY DIRECTOR-GENERAL

CHIEF DIRECTORS

HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS

CHIEF EDUCATION SPECIALISTS

EDUCATION DEVELOPMENT OFFICERS

DEPUTY CHIEF / SENIOR EDUCATION SPECIALISTS

DEPUTY DIRECTORS

ASSISTANT DIRECTORS

SENIOR ADMIN OFFICERS

PRINCIPALS OF PUBLIC AND INDEPENDENT SCHOOLS (GRADES 10-12)

TEACHER UNIONS / ORGANISATIONS

SCHOOL GOVERNING BODIES

DATE: 27 June 2011

COMMON TARIFFS FOR CERTIFICATION SERVICES BY UMALUSI

- Circular QCC 1 of 2011 from Umalusi dated 31-03-2011 and received in the Province of the Eastern Cape on 14-04-2011, has reference.
- In terms of the General and Further Education and Training Quality Assurance Act, 2001 (Act No. 58 of 2001) Umalusi Council has decided to increase the certification fees due to increases in operational costs and inflation.
- 3. Umalusi had to consult with the Ministry of Basic Education in respect of the increase as part of the Umalusi budget and only received approval for the proposed budget on 31 March 2011. It is for this reason that it has only been possible to communicate this information to the Districts at this late stage. The revised tariff structure for certification services was approved for implementation from 1 April 2011.
- This Assessment Instruction replaces Assessment Instruction 23 of 2010 dated 10 March 2010



Page 1 of 11 Assessment Instruction 40 of 2011 Provincial Assessment Instructions 5. The new tariffs in respect of the issuing of certificates are:

EXAMINATION ITEM	
	R/c
Senior Certificate	48.00
National Senior Certificates (schools)	48.00
General Education and Training Certificate (ABET Level 4)	48.00
Subject Certificate	48.00
Learning Area Certificate	48.00
Subject Statements	48.00
National Senior Certificate (Technical)	96.00
National Certificate (Vocational)	96.00
National N3 Certificate)	96.00
Subject Statement	96.00
Statement of Symbols	15.00
Forced Change of Name	250.00

- Districts must charge one tariff for each qualification. There is no differentiation in tariffs regardless of whether a full qualification, Subject Statement, Subject Certificate or Learning Area Certificate is issued.
- 7. Attached find application forms for the various certificates:

7.1. Application for Statement of Symbols	Annexure A
7.2. Application for a Combination of Subjects	Annexure B
7.3. Application for Change of Name / Surname	Annexure C
7.4. Application for a Statement in Lieu of a lost Certificate	Annexure D
7.5. Application for a Duplicate Teacher's Certificate	Annexure E
7.6. Application for Forced Change of Name / Surname	Annexure F
7.7. Tariffs for Certification services	Annexure G

- 8. In terms of Circular QCC 1 of 2010 dated 22 February 2010 Umalusi Committee has amended the Interim Directive for Certification to cater for candidates who wish to change the following details on their certificates:
 - 8.1. Change of their gender
 - 8.2. Change of identity number
 - 8.3. Change of date of birth
 - 8.4. Change of names
- 9. With regard to applications where a person wishes to have the certificate re-issued with the gender, date of birth or identity number same to that reflected on his/her ID book the process given below must be followed:
 - 9.1. The candidate must make a detailed sworn statement (affidavit) clearly indicating the reasons why there is a mismatch between the information provided at registration (and which is reflected on the certificate) and the change proposed. Furthermore, the person requesting the changes should indicate what has happened to occasion the request for a re-issue.
 - 9.2. The candidate must provide some form of documentation that was used for examination registration.



- 9.3. In the case, where the candidate is not in possession of a birth registration certificate and the date of birth is requiring to be changed, he/she must endeavour to provide some form of evidence such as clinic card, baptismal certificate, confirmation certificate or school report which reflects the person's name and date of birth. Should the person have no such documentation, he/she must attest to this fact in the affidavit.
- 9.4. The candidate must provide certified copies of all relevant identity documents and/or correspondence with the Department of Home Affairs to confirm the correct date of birth, identity number or re-registration of gender.
- 9.5. The candidate must present herself/himself with the above-mentioned documentation and be interviewed by two officials at the assessment body concerned.
- 9.6. Both officials who interviewed the candidate must make separate written declarations to the effect that the documentation provided has been verified by them, and that the candidate interviewed and requesting the re-issue is the person represented in the identity documentation. These sworn statements, stamped and co-signed by a Senior Manager in the assessment body, are to accompany the application for the re-issue.
- 9.7. A formal electronic request by the assessment body must be submitted along with the necessary documentation, as prescribed in the Directives for Certification (2005).

10. The requirements are:

- 10.1. The request for a re-issue be made through an assessment body
- 10.2. The original certificate be returned,
- 10.3. The verification process be undertaken for each of the documents submitted,
- 10.4. The changes made to the mainframes system that will allow certification to recognize the reasons for re-issue, should all help ensure that fraudulent certificates do not go into circulation.
- 11. Re-issues in the above instances will be done as a special application at a cost of R250.00 per individual request. The fee for special applications will be reviewed annually.
- 12. It should be noted that when an application for a re-issue of a certificate is requested, the directive regarding re-issues should still be followed.

13. The tariffs specified in this Assessment Instruction is implemented from the 1st April 2011 and Districts must ensure that the correct fees are paid when applications for certificates are accepted.

S.P. GOVENDER

CHIEF DIRECTOR: CURRICULUM MANAGEMENT





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Application for Statement of Symbols

This application must be submitted to the Head of Department.

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600 together with a Payment of R15,00

A) Particulars of ap	plicant:		
Surname:		First Name(s):	
antal Address			
			Postal Code
tc)	male No. Grade 12[Std 10],Std 8, Std 5	Cell. No Examination Number	
ear in which the exami as passed (YYYY)	nation	At which	
rovince		D TDOV OL .	
Name of applica	nt as shown on origina	certificate	
urname:	***************************************	First Name(s)	
Names required t	o be shown on certificat	te	
urname:	***************************************	First Name(s)	
Date of birth on cer	tificate	Correct date of birt	th
) Identity No. on cert	17.75	Correct Identity No	
	Travel or temporary identity d		their identity document must be attached
		SWORN DECLARATION n must be signed before a commissioner of C	Daths
the undersigned, here	by declare that the informatio	n given is to the best of my knowledge co	rrect and the prescribed Oath binding
ate		Signature	
		his day of	
he deponent acknowle	dges that he/she understands	the contents of this Affidavit which has b	peen signed and Sworn before me.
	Official Stamp	Commissioner	
		of Oaths	

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Application for a Combination of Subjects

This application must be submitted to the Head of Department.

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

Please Note: Should the applicant qualify for a Certificate after symbols have been combined, a Payment of R48.00 will be required before the Certificate is released.

	pplicant: (Block Letters)	First Name (a):		
Surname: Maiden		First Name(s):		
Name				
Postal Address	***************************************			
Postal Code	Tele.	Cell. No		
Date of Birth	Identity N	umber		
Gender Mal	e Female			
Year Wrote	Examination Number	School/Centre Name	Subject and Grade	Symbol*
Tear wrote	Examination Number	School/Centre Name	Subject and Grade	Symbol
			_	
		46		
				4
				4
			P.	
* NB: Indic	ate a converted symbol with an "=	" Sign	100	
* NB: Indic	ate a converted symbol with an "=	" Sign	. 2	
Date	Signature			

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Application for Change of Name / Surname

This application must be submitted to the Head of Department.

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

A) Particulars of applicant:	T. V
Surname:	First Name(s):
B. (1111)	
	Postal Code
- CONTROL - CONTROL CONTROL - CONTRO	Examination Number th //Centre us TBCV
B) Name of applicant as shown on original certification	ate
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.
Please note that the original certificate and a Photostat copy of to this application. NB. Travel or temporary identity document a	the applicant's particulars from their identity document must be attached are not acceptable
This declaration must be s	DECLARATION 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 conte	nts of this Affidavit which has been signed and Sworn before me. Commissioner of Oaths

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Application for Forced Change of Name / Surname

This application must be submitted to the Head of Department.

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600 together with a Payment of R250,00

A) Particulars of applicant:	1,000
Postal Address First Name(s):	

***************************************	Postal Code
Gender M = Male Tele, Cell.	
Examination (Indicate: Grade 12[Std 10],Std 8, Std 5	
etc) Examination Number	
Year in which the examination At which	
Previous TBCV	
Province States	
B) Name of applicant as shown on original certificate	
Surname: First Name(s)	
Names required to be shown on certificate	
Supplementation of the	
The family of	
C) Date of birth on certificate Correct date of birth	
	22
Please note that the original certificate and a Photostat copy of the applicant's particulars from their id to this application. NB. Travel or temporary identity document are not acceptable	entity document must be attached
SWORN DECLARATION This declaration must be signed before a commissioner of Oaths	7.0
I, the undersigned, hereby declare that the information given is to the best of my knowledge correct an	d the prescribed Oath binding
Date Signature	
	f. 0.
Signed at on this day of	in the year
The deponent acknowledges that he/she understands the contents of this Affidavit which has been sig	ned and Sworn before me.
Official Stamp Commissioner	
of Oaths	

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Application for a Duplicate Teacher's Certificate

This application must be submitted to the Head of Department.

	Directorate: Assess	sment and Examinations	, P. O. Box 457	1, King Williams Town, 5600 together with a Payment of	R48,00
Particulars of applicant:					
Surname:			First Name(s	s):	
Maldan Nama				Paradica (Alberta Cara)	000000000
District Control of State Control	************				
Postal Address			******	***************************************	
Postal Code	Tele.			Tele.	
Code	No.(h) Cell			No.(w)	
Date of	No.				
Birth C C	Y W W	D D Numbe			
Name of College			V	Course	
The Original Certificate was:	(Mark with a "X") Lost	Stolen Never I		Destroyed Exam	
	(mark min a x / Loot [_ otolon never	toooived	Date C C Y Y	/ M
First Supplementary			Second	Supplementary	
Exam Date C C	YWW		Exam Date	CCYYMM	
Subjects			Subjects		
					A-1838
Signature of Appl	icant	Date			
		SWORN DE	CLARATI	ON	
	This decla	ration must be signed	before a com	missioner of Oaths	
I, the undersigned, hereby de				knowledge correct and the prescribed Oath bindi	ina
,					
Date		Signatu	re		
Claused at		On this	Day	of In the year	

The deponent acknowledges	s that he/she underst	ands the contents of	this Affidavi	it which has been signed and Sworn before me.	
Officia	I Stamp	Commis			
		of Oath	5		

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Application for a Statement in Lieu of as Lost Certificate

This application must be submitted to the Head of Department.

Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600 together with a Payment of R48,0

Particulars of applicant: (Block Letters)
Surname: First Name(s):
Postal Address
Postal Code 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 Previous TBCV
State 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
A 6
7 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 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

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ANNEXURE G

TARRIFS FOR CERTIFICATION SERVICES

EXAMINATION ITEM	YEAR AND TARIFF			
	2008/9	2009/10	2010/11	2011/12
National Senior Certificate	30.00	35.00	40.00	48.00
General Education and Training Certificate	30.00	35.00	40.00	48.00
Application for duplicate certificates that were issued to replace previous certificates (Senior Certificate and GETC)	30.00	35.00	40.00	48.00
Re-issue of statements of symbols/results (subject certificate/statement)	30.00	35.00	40.00	48.00
Changes, amendments to certificates (re-issues)	30.00	35.00	40.00	48.00
Application for replacement (duplicate) certificates-National Senior Certificate (Technical), National Certificate (Vocational), National N# certificate and Subject Statement	60.00	70.00	80.00	96.00
National Senior Certificate (Technical), National Certificate (Vocational), National N3 certificate and Subject Statement	60.00	70.00	80.00	96.00
Confirmation document issued prior to the certificate (system generated document)	15.00	15.00	0	15.00
Re-issue statement of results (provincial)	15.00	15.00		15.00
Teachers certificates/diplomas	30.00	35.00	ý.	48.00

