



Assessment & Examinations, Bundy Park Building, Schornville, Buffalo Road, King Williams Town.

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

Enquiries: M. Thati: Tel: +27 (0)43 604 7758/24 * Fax: (0)43 604 7800: e_mail: mfundo.thati@edu.ecprov.gov.za *Website: www.ecdoe.gov.za

Application for a Duplicate Teacher's Certificate

Banking Details: Standard Bank

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 **R80,00**

Account Name	ECPG Department of Education
Account Number	27 302 159 1
Type of Account	Current Account
Branch	King Williams Town
Branch Code	050419

Particulars of applicant: (Block Letters)

Surname: First Name(s):

Maiden Name

Postal Address

Postal Code [][][][] Tele. No.(h) [][][][][][][][][][] Tele. No.(w) [][][][][][][][][][]

Cell No. [][][][][][][][][][]

Date of Birth

C	C	Y	Y	M	M	D	D
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 Identity Number [][][][][][][][][][][][][][][][][][][][][][]

Name of College Course

The Original Certificate was: (Mark with a "X") Lost Stolen Never Received Destroyed Exam Date

C	C	Y	Y	M	M
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First Supplementary	Second Supplementary												
Exam Date <table border="1"><tr><td>C</td><td>C</td><td>Y</td><td>Y</td><td>M</td><td>M</td></tr></table>	C	C	Y	Y	M	M	Exam Date <table border="1"><tr><td>C</td><td>C</td><td>Y</td><td>Y</td><td>M</td><td>M</td></tr></table>	C	C	Y	Y	M	M
C	C	Y	Y	M	M								
C	C	Y	Y	M	M								
Subjects	Subjects												

Signature of Applicant Date [Redacted]

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