



Province of the  
**EASTERN CAPE**  
Education

EC/CER/04/15

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: mfunido.thati@edu.ecprov.gov.za \*Website: www.ecdoe.gov.za

**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

Attach Bank Deposit Slip, to this form, as proof of Payment of **R80,00**

**Banking Details: Standard Bank**

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): .....

Postal Address .....

Postal Code     Tel. 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  Province ..... Previous TBCV 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.

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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"**

Butterworth <input type="checkbox"/>	Cofimvaba <input type="checkbox"/>	Cradock <input type="checkbox"/>	Dutywa <input type="checkbox"/>	East London <input type="checkbox"/>	Fort Beaufort <input type="checkbox"/>
Graaff-Reinet <input type="checkbox"/>	Grahamstown <input type="checkbox"/>	King Williams Town <input type="checkbox"/>	Lady Frere <input type="checkbox"/>	Libode <input type="checkbox"/>	Lusikisiki <input type="checkbox"/>
Maluti <input type="checkbox"/>	Mbizana <input type="checkbox"/>	Mt Fletcher <input type="checkbox"/>	Mt Frere <input type="checkbox"/>	Mthatha <input type="checkbox"/>	Ngcobo <input type="checkbox"/>
Port Elizabeth <input type="checkbox"/>	Queenstown <input type="checkbox"/>	Qumbu <input type="checkbox"/>	Sterkspruit <input type="checkbox"/>	Uitenhage <input type="checkbox"/>	Head Office <input type="checkbox"/>

**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