

DEPARTMENT OF EDUCATION
DIRECTORATE: EXAMINATIONS AND ASSESSMENT



FREE STATE PROVINCE

APPLICATION FORM FOR A STATEMENT IN LIEU OF LOST CERTIFICATE

VERY IMPORTANT: SEND YOUR APPLICATION TO:

THE DIRECTOR, CERTIFICATION SECTION, PO BOX 521, BLOEMFONTEIN, 9300

TELEPHONE: (051) 404 8261/8372/8340

FAX: (051) 404 8380

APPLICATION FEE: R 40.00

1 JUNE 2011=46

NB: POSTAL ORDERS AND CHEQUES (CROSSED) SHOULD BE MADE PAYABLE TO THE FREE STATE PROVINCIAL GOVERNMENT

SURNAME OF APPLICANT : _____

MAIDEN NAME : _____

FULL NAMES : _____

ID NUMBER :

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DATE OF BIRTH :

D	D	M	M	Y	Y	Y	Y

ADDRESS OF APPLICANT : _____

POSTAL CODE

TEL. NUMBER (WORK) :

Code			

Telephone Number									

TEL. NUMBER (HOME) :

Code			

Telephone Number									

CELL PHONE NUMBER :

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EXAMINATION NUMBER :

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WERE YOU A FULL TIME OR PART TIME CANDIDATE? FULL TIME PART TIME

MONTH AND YEAR OF EXAMINATION: MONTH YEAR

NAME OF SCHOOL:

PROVINCE: STANDARD? (e.g. 6, 8, 10)

State here fully what happened to the original certificate and for what reasons a substitute is required. If the space is not enough use a separate paper

SIGNATURE OF APPLICANT

DATE