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 : | | | | | | | | | | | | | |

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 :

EXAMNATION NUMBER :

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