



basic education
 Department:
 Basic Education
 REPUBLIC OF SOUTH AFRICA

Receipt number:	_____
Date:	_____
Amount:	_____
Signature:	_____

CHIEF DIRECTORATE: NATIONAL ASSESSMENT AND PUBLIC EXAMINATIONS
 Private Bag X895, Pretoria, 0001, South Africa, 222 Struben Street, PRETORIA, 0002. Tel: +27 12 357 3256, Fax: 012 323 0603, <http://www.education.gov.za>

APPLICATION: REPLACEMENT CERTIFICATE STD'S 5, 6, 7, 8, 9, 10 or GRADE 12

This application should be submitted/ posted to the Chief Directorate: National Assessment and Public Examination at the postal address listed above.

DULY COMPLETED APPLICATION FORM SHOULD BE ACCOMPANIED BY CHEQUE OR CASH FOR THE AMOUNT OF **R107.00** (MADE OUT TO THE DEPARTMENT OF BASIC EDUCATION) (Application fee is valid from **01 April 2018 – 31 March 2019**).

PLEASE NOTE: A CERTIFIED COPY OF YOUR ID DOCUMENT/BIRTH CERTIFICATE AND DETAILED AFFIDAVIT SHOULD BE ATTACHED TO YOUR APPLICATION

- | | | |
|--|--|---|
| <input type="checkbox"/> STD 5 certificate | <input type="checkbox"/> STD 6 certificate | <input type="checkbox"/> STD 7 certificate |
| <input type="checkbox"/> STD 8 certificate | <input type="checkbox"/> STD 9 certificate | <input type="checkbox"/> STD 10 certificate |
| <input type="checkbox"/> Subject certificate | | |

Please ensure that your personal particulars are in accordance with your ID document

Surname and Initials	
Full Name	
Maiden Name	
Postal Address	Code:
Tel no (Home)	
Cell no	
ID number	
Email Address	

Please mark with an X to indicate if the certificate should be posted to the address **Collect** as indicated above or kept in the office for collection.

Post

EXAMINATION INFORMATION

Year and Month of examination	Examination number	School attended	Province (If applicable)	Part/Full time

.....
 Signature of Applicant

.....
 Date