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Fill in District



Certification Form 3

GAUTENG PROVINCE

EDUCATION
REPUBLIC OF SOUTH AFRICA

GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA
 Ref: Northandazo Malinga
 Tel: (011) 355 0000
 Fax: (086) 725 8245
**DIRECTORATE: Examination and Assessment:
Results and Certification**

 Tel : (011) 355 0000
 Fax : (011) 355 0622
 Email: Certification@education.gauteng.gov.za
 Johannesburg

Year: 2016

 PO BOX 7710
 Johannesburg
 2000

APPLICATION FOR CERTIFICATE CORRECTION (RE-ISSUE)

PERSONAL PARTICULARS (As it appears on the Certificate)

SURNAME:	
NAME:	
DATE OF BIRTH:	
ID NUMBER:	

APPLICABLE FEES (Mark with an "X")

Re-issue (Home Affairs Error)	R107	Re-issue (Registration Errors/Legal Changes)	R107.00
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PLEASE ATTACH:	PLEASE ATTACH:
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ORIGINAL CERTIFICATE	ORIGINAL CERTIFICATE
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A COPY OF YOUR OLD ID/BIRTH CERTIFICATE	Document used for Examination Registration
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A COPY OF NEW ID	A copy of ID AND Birth Certificate
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LETTER FROM HOME AFFAIRS	Letter from School Principal
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AFFIDAVIT	AFFIDAVIT
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Interview/Declaration (TO BE COMPLETED BY OFFICIAL)	Interview/Declaration (TO BE COMPLETED BY OFFICIAL)
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DETAILS REQUESTED TO BE CHANGED	PARTICULARS APPEARING ON THE CERTIFICATE	CORRECT PARTICULARS NOW REQUIRED
SURNAME & INITIALS:		
FIRST NAMES:		
DATE OF BIRTH/ID NO:		
SUBJECT AND SYMBOL		

COLLECTION OF CERTIFICATE

DISTRICT OFFICE - Indicate the district office at which the certificate will be collected.			
TELEPHONE/EMAIL	EMAIL:	WORK:	CELL:

SWORN DECLARATION (To be signed in the presence of the Commissioner of Oath)

I, the undersigned, hereby declare that the statements made above are to the best of my knowledge the truth, the whole truth and nothing but the truth.

SIGNATURE OF APPLICANT: _____

The deponent acknowledges that he/she knows and understands the contents of the affidavit, which was sworn, affirmed and signed.

FOR OFFICIAL USE ONLY (To be completed by Cashier)		
Receipt amount	R118.00	
Receipt No.		

CASHIER'S STAMP

Note that all payments are to be made to the cashier.
The receipt must be retained by the applicant.

Office of the Director: System Admin Results and Certification

6 Hollard Building

P.O. Box 7710 Johannesburg 2000 Tel: (011) 355 0000; Fax (086) 725 8245

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