


DOCUMENT NO:

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Fill in District

Certification Form 3

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|  GAUTENG PROVINCE Department: Education REPUBLIC OF SOUTH AFRICA | DIRECTORATE: Examination and Assessment: Results and Certification | |
| | Tel : (011) 355 0127 Fax : (011) 355 0622 Year: 2016 | 111 Commissioner Street Johannesburg PO BOX 7710 Johannesburg 2000 |

APPLICATION FOR CERTIFICATE CORRECTION (RE-ISSUE)

| PERSONAL PARTICULARS (As it appears on the Certificate) | | | | | | | | | | | | |
|---|--|--|-------|------|--|---|--|--|--|--|--|--------|
| SURNAME: | | | | | | | | | | | | |
| NAME: | | | | | | | | | | | | |
| DATE OF BIRTH: | | | | | | | | | | | | |
| YEAR | | | MONTH | | | DAY | | | | | | |
| ID NUMBER: | | | | | | | | | | | | |
| APPLICABLE FEES (Mark with an "X") | | | | | | | | | | | | |
| Re-issue (Home Affairs Error) | | | | R176 | | | | Re-issue (Registration Errors/Legal Changes) | | | | R88.00 |
| PLEASE ATTACH: | | | | | | PLEASE ATTACH: | | | | | | |
| ORIGINAL CERTIFICATE | | | | | | ORIGINAL CERTIFICATE | | | | | | |
| A COPY OF YOUR OLD ID/BIRTH CERTIFICATE | | | | | | Document used for Examination Registration | | | | | | |
| A COPY OF NEW ID | | | | | | A copy of ID AND Birth Certificate | | | | | | |
| LETTER FROM HOME AFFAIRS | | | | | | Letter from School Principal | | | | | | |
| AFFIDAVIT | | | | | | AFFIDAVIT | | | | | | |
| Interview/Declaration (TO BE COMPLETED BY OFFICIAL) | | | | | | Interview/Declaration (TO BE COMPLETED BY OFFICIAL) | | | | | | |

| 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: | HOME: | 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 | R88.00 | R176.00 |
| Receipt No. | | |

CASHIER'S STAMP

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