

DOCUMENT NO:

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Fill in

## Certification Form 2

 <b>GAUTENG PROVINCE</b> Department: Education REPUBLIC OF SOUTH AFRICA	<b>DIRECTORATE: Examinations and Assessment</b> <b>Results and Certification</b>	
	Tel : (011) 355 0127/0607 Fax: 086 593 6402  Year : 2016	111 Commissioner Street Johannesburg PO BOX 7710 Johannesburg 2000

**1. APPLICATION FOR THE ISSUE OF DUPLICATE/COMBINATION:**

(To be completed by Helpdesk Official)

Mark with an "X"	DOCUMENT TYPE	APPLICABLE FEES
	SENIOR CERTIFICATE- (NATED 550)& NSC (GRADE 12)	<b>R88.00</b>
	SUBJECT CERTIFICATE	<b>R88.00</b>
	ABET LEVEL 4 CERTIFICATE	<b>R88.00</b>
	LEARNING AREA CERTIFICATE	<b>R88.00</b>
	COMBINATION CERTIFICATE (Senior Certificate/AET/NSC)	<b>R88.00</b>
	CONFIRMATION DOCUMENT	<b>R37.00</b>
	DUPLICATE CERTIFICATE (lost, damaged, stolen etc.)	Pre - 1992: <b>R88.00</b> Post - 1992: <b>R88.00</b>

**PLEASE ATTACH THE COPY OF YOUR IDENTITY DOCUMENT AND AFFIDAVIT**

**2. PERSONAL PARTICULARS (To be completed by Applicant)**

SURNAME											INITIALS			
FULL NAMES														
MAIDEN NAME (if married)														
ID NUMBER														
TELEPHONE (WORK)	Code					NUMBER								
TELEPHONE (HOME)	Code					NUMBER								
CELL														

**3. EXAMINATION INFORMATION**

DATE OF EXAMS		Examination Number/Identity Number	School Examination Centre Name/s	PROVINCE
YEAR	MONTH			

**4. COLLECTION OF CERTIFICATE**

<b>DISTRICT OFFICE:</b> Indicate the district office at which the certificate will be collected.			
<b>TELEPHONE:</b>	<b>HOME:</b>	<b>WORK:</b>	<b>CELL:</b>

SIGNATURE OF APPLICANT

DATE

NAME &amp; SIGNATURE OF OFFICIAL

DATE

4. FOR OFFICIAL USE ONLY (To be completed by Cashier)		
Receipt amount	<b>R88.00</b>	<b>R37.00</b>
Receipt No.		

CASHIER'S STAMP

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