

The Director: Examinations Administration
Private Bag x9114/Grand Central Towers, Lower Parliament Street
Cape Town
8000/1

Int. Code + 27(21)
Tel: (021) 467 2000
Fax: (021) 461 5637

Please circle request

Teachers' Transcript Statement of Results	R 45,00 per year
PTC / LPTC	R 107,00
DE III / HDE IV / PTD / BILINGUAL PS / JP / SP / SEC / PRE-PRIM	R 107,00

Price Valid: 1 April 2018 to 31 March 2019

Bank: NEDBANK
Account Name: Provincial Government of
the Western Cape
Department of Education
Account Type : Current Account
Account number: 1452 045 089
Branch Name : NEDBANK CORPORATE
Branch number: 145 209
N.B.: Please complete "Deposit Reference" on
deposit slip (15+ID NUMBER)

PLEASE SUBMIT BANK DEPOSIT SLIP WITH FORM

***IMPORTANT: Please complete section above in order for this application to be processed.**

The following documentation must accompany your application:

1. Certified copy of your identity document
2. Proof of payment

PERSONAL INFORMATION

Surname			
Full Name/s (Name/s during Exams)			
Maiden Surname (Surname during Exams)			
ID Number			
Postal Address			
	Postal code.....		
Tel. – Home/Work	+27 ()	Cell No:	+27 ()
Email Address			

Please indicate with an (X) the method of dispatch:

POST ☐

COLLECT ☐

EXAMINATION INFORMATION

(FINAL YEAR)

Year/Month of Exam	Full Time	Part-Time	Exam Number	College	Province
Suppl. / Other Years	Full Time	Part-Time	Exam Number	College / School	Province

DECLARATION

I,(name and surname), declare that my original certificate/diploma was lost/destroyed/stolen/never received (**circle answer**) and hence request for a replacement of the certificate/diploma. The information in this duly completed application form to the best of my knowledge is the truth.

SIGNATURE: DATE: