			ANDING SUPPO OR THE TRANSFE				
l,			• • • • • • • • • • • • • • • • • • • •		(Po	arent / Guard	dian Name and
							(Paren
							g address
		•					_
							ing documents
•				_			•
-							my child
	•••••	•••••		(Le	arner	name ar	nd Surname)
			(Learner II	D numbe	∋r),		(Learne
Date of E	Birth)				(Name	of Previous sc	chool attended)
OUTSTA	NDING	CHOOL AR	DUCATION DO	CHARRITE	1	TICK DELEVAL	NIT DOCUMENT
			PLICATION DOC ort card/results o			IICK RELEVA	NT DOCUMENT
		•	chool previously		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
IDENTIFI	CATION:						
Certifie	d copy o	of ID / Rirth /	certificate (lear	merl			
Cermie	и сору с	O		i i c i j			
		_	ers: a passport				
	_	•	seeker permit	on which	the		
learner	s name s	should app Ol	_				
If the lea	arner wo	ıs not born	in SA, a passpo	ort / a refu	Jgee		
or asylu	m seeke	•	ued in the learn	ner's nam	ie		
If the lea	arner of	Ol foreign par	R ents was born i	n SA· A			
			e (DHA 19 form				
Immunis	sation co	ard (Road t	o Health Chart) of the le	earner		
		orimary sch		unt/lograge			
Proof of residence (municipal/rates account/lease agreement/affidavit confirming residence)							
<u> </u>				-1	I		
I further o	declare t	hat the do	cuments are no	ot outstai	nding fo	r the followin	g reason(s):
		•••••					
SIGNED:							
NAME AI	nd surn	AME: .			•••••		
CONTAC	t numbe	ER: .					
DATE:							

SIGNED AT (PLACE):
The Deponent acknowledged to me that:-
He/She knows and understands the contents of this declaration; He/She has no objection to taking the prescribed oath; and He/She considers the prescribed oath to be binding on his/her conscience.
The Deponent thereafter uttered the words, "I swear that the contents of this declaration are true, so help me God."
The Deponent signed this declaration in my presence on (date)
COMMISSIONER OF OATHS