

ANNEXURE C

SUMMARY OF INVIGILATORS

TO BE COMPLETED BY THE PRINCIPAL/CHIEF INVIGILATOR AND SENT TO THE CIRCUIT MANAGER FOR EACH OF THE PARTICULAR EXAMINATIONS

* Attach a certified copy of the ID document and highest qualification for each invigilator (for community members only)

Examination: (Tick appropriate option)

- National Senior Certificate November 2023 examination
- National Senior Certificate June 2024 examination

Name of school/centre: _____

Centre number:

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A: APPOINTMENT OF COMMUNITY MEMBERS AS INVIGILATORS

Please complete the table below of all the **community members** appointed as invigilators.

FULL FIRST NAMES AND SURNAME	ADDRESS (include street numbers please)	IDENTITY NUMBER (attach a certified copy please)	CELL NO	HIGHEST QUALIFICATION (attach a certified copy please)	SIGNATURE OF INVIGILATOR

B: APPOINTMENT OF EDUCATORS AS INVIGILATORS

Please complete the table below of all the **educators** appointed as invigilators.

FULL FIRST NAMES AND SURNAME	IDENTITY NUMBER	PERSAL NUMBER	SIGNATURE OF INVIGILATOR

C: I declare that the above-mentioned invigilator(s) is/are suitable, and I have satisfied myself that he/she/they will perform the invigilation duties diligently.

SIGNATURE OF CHIEF INVIGILATOR

DATE

D: Appointment(s) approved/not approved.

SIGNATURE OF CIRCUIT MANAGER

DATE