



education

Department:  
Education  
REPUBLIC OF SOUTH AFRICA

**CHIEF DIRECTORATE: EDUCATION MEASUREMENT, ASSESSMENT AND PUBLIC EXAMINATIONS**

Private Bag X184, Pretoria, 0001, South Africa, Vander Stel Building, 179 Pretorius Street, PRETORIA,  
0002. Tel: +27 12 312 5843/5, Fax: 012 312 5848, <http://www.education.gov.za>

**APPLICATION FOR A REPLACEMENT OF STD. 5, 6, 7, 8, 9, 10 AND TEACHERS' CERTIFICATE (ATTACH ID COPY).**

This application should be submitted/posted to the Chief Directorate: Educational Measurement, Assessment and Public Examinations, Private Bag X 184, PRETORIA, 0001. Cash/Postal Order/Cheque of R18, 00 is requested for a replacement certificate. Postal order/Cheque must be made out to the **DEPARTMENT OF EDUCATION OR DEPARTEMENT VAN ONDERWYS.**

Surname of Applicant: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

First/Names: \_\_\_\_\_

Postal Address: \_\_\_\_\_ (Postal Code) \_\_\_\_\_

Tel. No. (Home): \_\_\_\_\_ (Work) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID. No. \_\_\_\_\_

Examination Number: \_\_\_\_\_ Part/Fulltime: \_\_\_\_\_

Examination (e.g. Std 10): \_\_\_\_\_ Year: \_\_\_\_\_

Name of School: \_\_\_\_\_ Centre No: \_\_\_\_\_

Province: \_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_ (name(s) and surname),  
Hereby declare under oath that:

**1**

My original certificate was lost/destroyed/stolen/never received and hence request for a duplicate copy of the certificate.

**2**

The information contained in this duly completed application form is to the best of my knowledge the truth, the whole truth and nothing but the truth.

**3**

I understand the contents of this declaration and have no objection to the oath. I consider this oath to be binding on my conscience.

Signed at PRETORIA on this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_.

Signature of deponent: \_\_\_\_\_

The deponent has acknowledged that he/she knows and understands the contents of this declaration sworn before me and placed his/her signature in my presence.

Commissioner of oath: \_\_\_\_\_

Rank: \_\_\_\_\_