



## Application for Replacement of Certificate/Statement

- For
- Replacement of lost or damaged certificate
  - Re-printing of Statement of Results

### INSTRUCTIONS:

- Complete all fields in A to E of this form, and attach all documents required (listed in C).
- Payment details through the bank

Account Holder	Bank	Account No	Account Type	Reference No
Mpumalanga Dep of Education	ABSA	4103022830	Current	T5+ID Number/Exam Number

Example of referencing: where ID number number is 0101011234567

T	5	0	1	0	1	0	1	1	2	3	4	5	6	7
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### A. Application for (please tick ✓):

- Lost/damaged certificate ☐ R 164.00 for 2023/24 financial year
- Lost/damaged certificate AND Confirmation Letter ☐ R 221.00 for 2023/24 financial year
- Reprint of Statement of Results ☐ R 57.00 for 2023/24 financial year

### B. QUALIFICATION (please tick ✓):

- National Senior Certificate (NSC) ☐
- Senior Certificate (SC) ☐
- GETC: ABET L4 ☐

Other (Specify): .....

### C. Compulsory Documents (Copies must be certified) ✓

Copy of ID document/Birth Certificate	<input type="checkbox"/>
ORIGINAL damaged Certificate OR copy of lost certificate if available	<input type="checkbox"/>
Detailed Affidavit for replacement of certificate (NOT required for the re-print of statement of results)	<input type="checkbox"/>
Proof of Payment	<input type="checkbox"/>

### D. Please ensure that your personal particulars are in accordance with your ID book

1.	Surname and Initials	
2.	Full Names	
3.	Maiden Surname (before marriage)	
4.	Postal Address	Postal Code: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5.	ID/Exam number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6.	Cell/Tel. Number 1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Cell/Tel. Number 2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7.	E-mail Address	
8.	Year Obtained	

### E. I hereby declare that the information given above is true and correct to the best of my knowledge.

Signature

Date

#### FOR OFFICIAL USE ONLY

Receipt No.: ..... District: .....

Date: ..... Amount: R.....

Signature: ..... User ID: .....

Request/Doc No.: .....

