



Application for Change of Name, Date of Birth or Identity Number on Certificate

This application must be submitted to the Superintendent General.
Directorate: Assessment and Examinations, P. O. Box 4571, King Williams Town, 5600 together with a Postal Order for R30,00

A) Particulars of applicant:

Surname: First Name(s):

Postal Address

Postal Code

Gender M = Male F = Female Tele. No. Cell. No.

Examination (Indicate: Grade 12[Std 10], Std 8, Std 5 etc) Examination Number

Year in which the examination was passed (YYYY) At which School/Centre

Province Previous TBCV States

B) Name of applicant as shown on original certificate

Surname: First Name(s)

Names required to be shown on certificate

Surname: First Name(s)

C) Date of birth on certificate **Correct date of birth**

D) Identity No. on certificate **Correct Identity No.**

Please note that the original certificate and a Photostat copy of the applicant's particulars from their identity document must be attached to this application. NB. Travel or temporary identity document are not acceptable

SWORN DECLARATION

This declaration must be signed before a commissioner of Oaths

I, the undersigned, hereby declare that the information given is to the best of my knowledge correct and the prescribed Oath binding

Date Signature

Signed at on this day of in the year

The deponent acknowledges that he/she understands the contents of this Affidavit which has been signed and Sworn before me.

Official Stamp

Commissioner of Oaths

