



NOTE:

1. A CERTIFIED COPY OF THE ID SHOULD BE ATTACHED TO THE APPLICATION.

APPLICATION FOR CERTIFICATE REPRINT

APPLICANT INFORMATION

SURNAME			
IDENTITY NUMBER			
FULL NAMES			
MAIDEN NAME			
POSTAL ADDRESS			
		CODE	
TELEPHONE NUMBER			
CELL NUMBER			

PREFERRED METHOD OF DESPATCH (MARK WITH AN X)

Collect from SASSETA offices	<input type="checkbox"/>
Postage to address indicated above	<input type="checkbox"/>

UNIT STANDARDS/SKILLS PROGRAMME/QUALIFICATION INFORMATION

SAQA ID	TITLE	TRAINING PROVIDER	ACCREDITATION NO

DECLARATION

I hereby confirm that the information submitted on this application form is correct

SIGNATURE OF APPLICANT

DATE

COMPLETE THE AFFIDAVIT ON THE NEXT PAGE



AFFIDAVIT

I (names and surname) -----

Identity Number -----

Declare that my original certificate was lost/destroyed/stolen/never received/contains wrong personal information and hence I request for a replacement of the certificate. The information in the attached duly completed application form is to the best of my knowledge the truth, the whole truth and nothing but the truth.

Signed at -----

On this date -----

Signature -----

Commissioner of Oath

Name -----

Rank -----

Signature -----

