



# APPLICATION FOR CERTIFICATE REPRINT

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

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			
Post to address indicated above			

UNIT STANDARDS/SKILLS PROGRAMME/QUALIFICATION INFORMATION			
SAQA ID	TITLE	TRAINING PROVIDER	ACCREDITATION NO

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 .....

