



Examinations Council of Swaziland

P.O. Box 1394
Mbabane
Swaziland

Tel: (+268) 4162865/9
Fax: (+268) 416 2862

GCE, IGCSE AND SGCSE

Application Form for a Certifying Statement

1. First Full names of applicant:
2. Surname:
3. Date of birth:
4. Current Address:
5. Tel/cell No:
- Fax No:
- E-mail address:

6. Examination Level taken (e.g. A'Level, GCE, IGCSE and SGCSE):
7. **Year of the examination**
8. Month of examination:
9. Centre Number:
10. Candidate Number:
11. **Name of school or Centre:**

Session 1	Session 2	Session 3

12. Name of two Classmates (i)
- (ii)
13. Personal Identification Number:

14. You should provide the following:
 (i) National Identity Card
 (ii) Letter from Police
 (iii) Letter from School

15. The charge for the certifying statement is E300.00.
16. Account No. 020000026458 (Nedbank)
17. The Certifying Statement will be issued two weeks after the date of application.

18. _____
SIGNATURE OF APPLICANT

DATE

For Office Use Only

Certificate Number:

Receipt Number:

Investigating Officer:

Accountant:

Ass. Registrar IT & Research:

Registrar:

Chairperson of Council:
