Examinations Council of Eswatini

P.O. Box 1394
Mbabane
Eswatini

Tel: (+268) 2417 8000
Fax: (+268) 2416 2862

CERTIFYING STATEMENT APPLICATION FORM

Candidate Information

Surname:		First Name (s):	
Date of Birth (dd/mm/yyyy)		Personal ID Number	
Current Postal Address		Cell Number	
Email Address			

Qualification Details

Exam series (e.g. June 2021)	Qualification (e.g. EGCSE/JC/SPC)	Centre number (e.g. SZ400)	Candidate number (4 digits e.g.0002)	Centre name

Names of Two Classmates

Please provide the following:

a. Certified Copy of National Identity Card (ID) both sides   b. Police Report   c. Certified Copy of Birth Certificate   d.   Letter from School (or Centre) e. Proof for change of surname/names (marriage certificate, Govt. Gazette/ Home Affairs document)

- A certifying statement is an official document issued by ECESWA to show the grades achieved by a candidate in a past series.
- This form is used if you have lost your certificate.
- A candidate or centre can only apply for a certifying statement for a particular series once the certificate for that series has been issued.
- We produce certifying statements using the name given for the candidate at the time of their exam. We process applications within a maximum of 4 weeks of receiving a complete application and payment.
- This application applies to local qualifications issued by ECESWA (excluding GCE AS/A Level, Cambridge IGCSE)

Please Turn Over

Fees:

Junior Certificate   E550.00

O'LEVEL/EGCSE/SGCSE/ Local IGCSE: E650.00

Nedbank: **020000026458**   **Branch: 360164**

First National Bank: **62022235388**   **Branch: 280164**

Standard Bank: **9110004571749**   **Branch: 663164**

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     Signature of Applicant   Date

For Office Use Only

Receipt number   ……………………….

Certificate number: 1.   ……………………….   2.   ………………………….

SIGNATORIES:

POSITION	DATE RECEIVED	ACTIONED BY: SIGNATURE	DATE ACTIONED
Registry Clerk	………………………	………………………….	………………………
Cashier	………………………	………………………	………………………
Accountant	………………………	………………………	………………………
Verifications Officer	………………………	………………………	………………………
Results Process.Manager	………………………	………………………	………………………
Director EARP	………………………	………………………	………………………
Registrar	………………………	………………………	………………………
Chairperson of Council	………………………	………………………	………………………