


Correct claim form



basic education
 Department
 Basic Education
 REPUBLIC OF SOUTH AFRICA

SCHOOL: [REDACTED]
 EDUCATION DISTRICT: [REDACTED]
 PRINCIPAL: [REDACTED]

EMIS NO: [REDACTED]
 CIRCUIT: [REDACTED]
 CIRCUIT MANAGER: [REDACTED]

#	LEARNER ID	LEARNER NAME	GRADE	CLASS NAME	FEE EXEMPTED %	NUMBER OF SCHOOLS DAYS LEARNER ENROLLED FOR 2024
NO FEE EXEMPTION SIGN OFF						
Completed by Name		[REDACTED]	FinCom Rep Name		[REDACTED]	
Completed by Surname		[REDACTED]	Fincom Rep Surname		[REDACTED]	
Completed by Designation		[REDACTED]	FinCom Rep Signature		_____	
Completed by Contact Detail		[REDACTED]				
Completed by Signature		_____				
Principal Name		[REDACTED]	SGB Chairperson Name		[REDACTED]	
Principal Surname		[REDACTED]	SGB Chairperson Surname		[REDACTED]	
Principal Signature		_____	SGB Chairperson Signature		_____	
Auditor Name		[REDACTED]				
Auditor Surname		[REDACTED]				
Auditor Contact Detail		[REDACTED]				

I HEREBY CERTIFIES THAT I HAVE VERIFIED ALL REQUIRED INFORMATION CONTAINED IN THE DOCUMENTATION IN SUPPORT OF THIS APPLICATION AND CONFIRM THE CORRECTNESS OF THE INFORMATION SUPPLIED.

COMMENTS:

AUDITOR SIGNATURE:

DATE:

Date Printed: [REDACTED]