


Korrekte eisvorm

		basic education Department Basic Education REPUBLIC OF SOUTH AFRICA				
SCHOOL: [REDACTED]		EMIS NO: [REDACTED]				
EDUCATION DISTRICT: [REDACTED]		CIRCUIT: [REDACTED]				
PRINCIPAL: [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]						