

Ifom yebango echanekileyo

#	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			FinCom Rep Name			
Completed by Surname			Fincom Rep Surname			
Completed by Designation			FinCom Rep Signature			
Completed by Contact Detail						
Completed by Signature						
Principal Name			SGB Chairperson Name			
Principal Surname			SGB Chairperson Surname			
Principal Signature			SGB Chairperson Signature			
Auditor Name						
Auditor Surname						
Auditor Contact Detail						

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:

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AUDITOR SIGNATURE:

DATE:

Date Printed: