

**ANNEXURE C**

**SUMMARY OF INVIGILATORS**

TO BE COMPLETED BY THE PRINCIPAL/CHIEF INVIGILATOR AND SENT TO THE CIRCUIT MANAGER FOR EACH OF THE PARTICULAR EXAMINATIONS

\* Attach a certified copy of the ID document and highest qualification for each invigilator (for community members only)

Examination: (Tick appropriate option)

National Senior Certificate / November 2026 examination

Name of school/centre: \_\_\_\_\_

Centre number:

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**A: APPOINTMENT OF COMMUNITY MEMBERS AS INVIGILATORS**

Please complete the table below of all the **community members** appointed as invigilators.

FULL FIRST NAMES AND SURNAME	ADDRESS (include street numbers please)	IDENTITY NUMBER (attach a certified copy please)	CELL NO	HIGHEST QUALIFICATION (attach a certified copy please)	SIGNATURE OF INVIGILATOR

