

ZIMBABWE SCHOOL EXAMINATIONS COUNCIL



FOR OFFICE USE
FILE
DATE
STATEMENT NO

CERTIFYING STATEMENT APPLICATION FORM

To be used by all applicants requiring a certifying statement of results, results verification or authentication by a Notary Public. Please complete this form in the spaces provided. If you have any queries, please phone +263-4-307815 or fax +263-4-302288.

For security reasons we cannot communicate results by FAX, Telephone OR Internet.

<p>1 Current full name (including Mr, Mrs, Miss, Ms)</p> <p>2 Full name at the time of the examination:</p> <p>3 Date of birth:</p> <p>4 I.D. Number</p> <p>5 Current address (Including postcode)</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>												
<p>6 Daytime telephone number: Fax number: E-mail address:</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>												

<p>7 Examination level taken (e.g. O , A-Level GCE, ZJC, Std 6, Grade 7)</p> <p>8 Year of the examination.....</p> <p>9 Month of examination if known.....</p> <p>10 Centre number.....</p> <p>11 Index or candidate number.....</p> <p>12 Name of school or centre (Please indicate town and Province/Region)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">Session</th> </tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td></tr> </table>	Session					
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<p>13 Please return the form together with fees to: </p>	<p>The Director Zimbabwe School Examinations Council P O Box CY 1464 Causeway Harare Telephone: 263-4-307815/302622</p>
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This application will not be accepted by ZIMSEC if items 2, 3, 7, 8 and 10 are not completed.

<p>14</p>	
Signature of applicant	Date