

II. For office use

1. To be filled by Application form collector:

Date of application _____ Time (am/pm) _____ Reg. No. _____

Name of Appli. collector _____ Signature _____ date _____

2. To be filled by Exam. Record Officer

Name of Applicant _____

Type of Certificate	Registration No.	year	No. of copies to be verified	Status of the certificate
Grade 10				
Grade 12				
Preparatory				

3. Record Officer:

Name _____ Signature _____ Date _____

4. Exam. Record Expert who approves the authenticity of this academic statement:

Name _____ Signature _____ Date _____