



REPUBLIC OF SOUTH AFRICA  
**STATEMENT OF RESULTS / STAAT VAN UITSLAE**  
 NATIONAL SENIOR CERTIFICATE / NASIONALE SENIOR SERTIFIKAAT  
 NOVEMBER 2023

ANDISIWE MBULAWA

EXAMINATION NUMBER / EKSAMENNUMMER: 4233110680087  
 ID NUMBER / ID NOMMER 0503110697086  
 DATE OF BIRTH / GEBOORTEDATUM 20050311  
 CENTRE / SENTRUM: (4311068) NATHANIEL PAMLA HIGH SCHOOL

(402) CENTRAL EASTERN CAPE DEPARTMENT OF EDUCATION

Code Kode	Subjects Vakke	Percentage Persentasie	Achievement Level Prestasievlak
XHOHL	IsiXhosa Home Language	69	5
ENGFA	English First Additional Language	63	5
MLIT	Mathematical Literacy	40	3
LIFE	Life Orientation	68	5
AGRS	Agricultural Sciences	50	4
HIST	History	65	5
LFSC	Life Sciences	34	2
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX
XXXXX	XX	XXXXXXXXXX	XXXXXXXXXXXXXX

The candidate qualifies for the National Senior Certificate and has met the minimum requirements for admission to bachelors' degree, diploma or higher certificate study as gazetted for admission to higher education.

HEAD OF DEPARTMENT  
 HOOF VAN DEPARTEMENT

DATE / DATUM 2024/01/11

Achievement level Prestasievlak	Achievement Description Prestasiebeskrywing	Marks % Punte %
7	Outstanding achievement / Uitmuntende prestasie	80 - 100
6	Meritorious achievement / Verdienstelike prestasie	70 - 79
5	Substantial achievement / Beduidende prestasie	60 - 69
4	Adequate achievement / Voldoende prestasie	50 - 59
3	Moderate achievement / Matige prestasie	40 - 49
2	Elementary achievement / Basiese prestasie	30 - 39
1	Not achieved / Ontoereikende prestasie	0 - 29



**NOTICE OF PERSONAL PARTICULARS**

- 1 Any changes to the personal particulars in your ID Book must be communicated to all relevant parties

**NOTICE OF CHANGE OF ADDRESS**

- 1 Keep the **NOTICE OF CHANGE OF ADDRESS** form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc
- 2 Hand in at or post to the nearest regional/district office of the **DEPARTMENT OF HOME AFFAIRS**

I.D. No. 050311 0697 086



S.A.CITIZEN

SURNAME  
**MBULAWA**

FORENAMES  
**ANDISIWE**

COUNTRY OF BIRTH  
**SOUTH AFRICA**

DATE OF BIRTH  
**2005-03-11**



DATE ISSUED  
**2023-11-29**

ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

I CERTIFY THAT THIS IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDEKENING  
SIGNATURE.....

MAGSNOMMER  
FORCE NUMBER.....

NAAM IN DRUKSKRIF  
NAME IN PRINT.....

*[Handwritten signature]*  
RANG  
RANK

**SUID-AFRIKAANSE POLISIEDIENS**

IKAMVELIHLE SAPS

2024 -01- 29

STATION COMMANDER

**SOUTH AFRICAN POLICE SERVICE**



## **CONFIRMATION OF RESIDENCE**

**The Manager**

**BANK: ABSA, CAPITEC, FNB, STANDARD BANK  
GOVERNMENT DEPARTMENTS AND OTHER INSTITUTIONS**

**This serves to certify that** *Mbulawa Andisiwe* .....

**ID Number:** *0503110697086* .....

**is residing at** *11799 Peddie Tower location* .....

**in Ward 8 of Ngqushwa Municipal area of jurisdiction.**

**Capacity** : **Ward Councilor**

**Full Names** : **N Dyalvani - Totyi**

**Contact Number** : **063 712 3680**

**STATEMENT: I, a duly authorized representative of Ngqushwa Municipality, hereby confirm that the abovementioned person resides at the abovementioned address.**

**Signed:** ..... *[Signature]* .....

**Date:** *30 Jan 2024* .....

