

FINANCIAL CLEARANCE CERTIFICATE

NAME OF SCHOOL _____

NAME OF LEARNER _____

NAME OF ACCOUNT HOLDER _____

IDENTITY NUMBER (Mother) _____

IDENTITY NUMBER (Father) _____

TELEPHONE NUMBER _____

ANNUAL FEES R _____

FEES PAID TO DATE R _____

FEES OUTSTANDING R _____

PLEASE ATTACH A COPY OF YOUR STATEMENT WITH THE CURRENT SCHOOL FOR AT LEAST 1 YEAR

Thank you for your assistance.

SIGNATURE OF HEADMASTER/ BURSAR
SCHOOL

DATE

SCHOOL STAMP