



**ASSESSMENT & EXAMINATIONS DIRECTORATE**

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13/P

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**ASSESSMENT INSTRUCTION 29 of 2013**

**TO:** DEPUTY DIRECTORS-GENERAL  
CHIEF DIRECTORS  
HEAD OFFICE DIRECTORS AND DISTRICT DIRECTORS  
CHIEF EDUCATION SPECIALISTS  
EDUCATION DEVELOPMENT OFFICERS  
DEPUTY CHIEF/SENIOR EDUCATION SPECIALISTS  
PRINCIPALS/ MANAGERS OF ALL ABET CENTRES  
TEACHER UNIONS/ORGANISATIONS  
SCHOOL GOVERNING BODIES

**DATE:** 27 MAY 2013

**2013 ABET LEVEL 4 OCTOBER/ NOVEMBER EXAMINATIONS  
REGISTRATION OF LEARNERS**

- A. The registration form for candidates entering 2013 ABET L4 examination in October/ November 2013 is attached.
- B. The closing date for entry forms at District offices is Friday, 14 June 2013. No late entries will be accepted.
- C. **Kindly note the following when completing the attached official Registration Form:**
- 1) **Sequence Number** (Sequence in the school/centre). This is for official use.
  - 2) **Exam Centre Name:** Ensure the correct Exam Centre Name (Name of school) appears on each entry.
  - 3) **EMIS Number & Centre Number:** Ensure that the EMIS and Centre Number are not shared with other centres as this will result to non registration of learners , e.g. Bonkolo Adult centre cannot have the same EMIS No as Luthubeni A/C.
  - 4) **Medium in which you wish to write:** Circle **(A)** for Afrikaans or **(E)** for English. This is very important because papers will be printed and distributed according to this information.
  - 5) **Home Language:** Write the correct code in the appropriate block.
  - 6) **Certificate Language:** Write the correct code (E-English or A-Afrikaans) in the appropriate block. Statement of Results will be in the selected language.

- 7) **Immigrant:** Circle **Y** for Yes or **N** for No. An immigrant is a candidate who entered the South African Schooling system in Grade 7 or later and for whom an Immigrant Concession has to be obtained from the Directorate: Assessment & Examinations.
- 8) **Population Group:** Write the correct code in the appropriate block.
- 9) **Date of Birth:** e.g. 19810829=29 August 1981.
- 10) **Gender:** Write M or F in the appropriate block.
- 11) **Identity Number:** The candidate must have an ID book.
- 12) **Surname:** As in ID book or on birth registration certificate.
- 13) **First name(s):** As in ID book or on birth registration certificate.
- 14) **Special Characters in name:** Encircles Yes or No. If yes, write the letter with the character in the block, e.g. é
- 15) **Postal Address**
- 16) **Postal Code**
- 17) **Telephone/ Cell phone Number** where a person can be reached when necessary
- 18) **Mark the Learning Areas in appropriate blocks**
- 19) **Applicant must sign:** A signature means that all information in the form is correct and true.
- 20) **Centre Manager's / Principal's name-** The one who is going to sign on behalf of the centre.

D. The Centre Managers are urged to take this registration process seriously and to meet the deadlines in order to avoid having unregistered learners. The Department will not allow unregistered learners to write examinations at the end of the year.



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**MR S.P. GOVENDER**  
**ACTING DEPUTY DIRECTOR - GENERAL:**  
**TEACHING & LEARNING SERVICES**



**ABET LEVEL 4 : EXTERNAL ASSESSMENT**

Examination Entry Form For **October 2013**

**CLOSING DATE: 14 JUNE 2013(AT DISTRICT EXAMINATION OFFICE)**

**A ALL LEARNERS:**

1. Sequence Number (Official Use)

2. Name of the registered centre where you wish to write

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3. EMIS No.

Centre No.

4. Medium in which you wish to write  E=English / A=Afrikaans

5. Home language

- |               |                |
|---------------|----------------|
| A = Afrikaans | C = Siswati    |
| E = English   | N = IsiNdebele |
| P = Sepedi    | S = Sesotho    |
| T = Xitsonga  | V = Tshivenda  |
| W = Setswana  | X = IsiXhosa   |
| Z = IsiZulu   |                |

6. Certificate Language

7. Immigrant :  Y = Yes : N = No

8. Population Group

B = Black : W = White : A = Asian : I = Indian : C = Coloured

**B PERSONAL INFORMATION – COMPLETE IN BLOCK LETTERS**

9. Date of Birth  Y Y Y Y M M D D

10. Gender  M=Male F=Female

11. Identity No.

12. Surname

13 First name(s)

14. Special Character in a name  Y=Yes N=No

15. Postal Address

16. Postal Code

17. Telephone Number

**ABET LEVEL 4 EXTERNAL ASSESSMENT****C. SUBJECT CHOICES****18. MARK SUBJECT CHOICE WITH AN "X" IN THE CORRESPONDING BLOCK** 

LEVEL 4	SUBJECT CODES	SUBJECT DESCRIPTION
<input type="checkbox"/>	AAAT4	APPLIED AGRIC & AGRIC TECHNOLOGY
<input type="checkbox"/>	ANHC4	ANCILLARY HEALTH CARE
<input type="checkbox"/>	ARTC4	ARTS AND CULTURE L4
<input type="checkbox"/>	EMSC4	ECONOMIC AND MANAGEMENT SCIENCE L4
<input type="checkbox"/>	ECDV4	EARLY CHILDHOOD DEVELOPMENT
<input type="checkbox"/>	HSSC4	HUMAN AND SOCIAL SCIENCES L4
<input type="checkbox"/>	INCT4	INFORMATION AND COMMUNICATION
<input type="checkbox"/>	LCAF4	AFRIKAANS L4
<input type="checkbox"/>	LCEN4	ENGLISH L4
<input type="checkbox"/>	LCSO4	SESOTHO L4
<input type="checkbox"/>	LCXH4	ISIXHOSA L4
<input type="checkbox"/>	LCZU4	ISIZULU
<input type="checkbox"/>	LIFO4	LIFE ORIENTATION L4
<input type="checkbox"/>	MLMS4	MATHS LITERACY
<input type="checkbox"/>	MMSC4	MATHS & MATHS SCIENCE L4
<input type="checkbox"/>	NATS4	NATURAL SCIENCES L4
<input type="checkbox"/>	SMME4	SMALL MEDIUM & MICRO ENTERPRISES
<input type="checkbox"/>	TECH4	TECHNOLOGY L4
<input type="checkbox"/>	TRVT4	TRAVEL AND TOURISM
<input type="checkbox"/>	WHRT4	WHOLESALE AND RETAIL

**D. I hereby declare that the information furnished herein is correct**\_\_\_\_\_  
19. Signature of Applicant\_\_\_\_\_  
Date\_\_\_\_\_  
20. Centre Managers Name\_\_\_\_\_  
Date\_\_\_\_\_  
Centre Managers Signature

School Stamp