



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

Appendix C

CERTIFICATE OF ACCEPTANCE

The Head of Department
The Department of Education
Private Bag x 0032
BHISHO
5605

ADVERTISED POST OF _____

REF. NO. _____

SCHOOL: _____

DISTRICT: _____

☐ 1. I accept the appointment as indicated in the letter dated
I will assume duties with effect from.....

☐ 2. I do not accept the appointment.

PRINT NAME:

SIGNATURE:

DATE:

Please fill this form in and return it to the Deputy Director: HRA in the above-mentioned District Office. It can be faxed to _____ (number) or email to

_____.