

THE WEST AFRICAN EXAMINATIONS COUNCIL, ACCRA

CERTIFICATE COLLECTION FORM (INDIVIDUALS)

Name of candidate:.....

(CAPITAL LETTERS, AS USED FOR EXAM)

Address:.....

.....

Name of Examination:.....

Month & Year of Examination:.....

Index Number:.....

Subjects:.....

.....

.....

Signature:.....

Date:.....

Attach a recent passport-sized photograph fully endorsed by one of the underlisted as Witness:

- A Commissioned Officer of the Armed Forces (Major and above)
- A Senior Civil Servant
- A Qualified and Registered Medical Practitioner (Herbalist not accepted)
- A Solicitor or Barrister (Commissioner of Oaths not accepted)
- An assistant Director of a Public Secondary School or Training College

NB: A valid form of identification is required (e.g. Voter's ID Card, Driver's License, Passport, etc)

Full Name of Witness:.....

Address:.....

Occupation/Position:.....

Signature:.....

Date:.....

Official Stamp:

NB: The Witness should be the same Senior Officer who will endorse the back of your photograph. A witness may be prosecuted for any false declaration made.

FOR OFFICE USE ONLY

Full name of Recipient:.....

Certificate Number:.....

Attach your endorsed (stamped & signed) passport-sized photograph here