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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				





