



Province of the  
**EASTERN CAPE**  
DEPARTMENT OF EDUCATION

**Appendix E**

**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*

\_\_\_\_\_.