

# The West African Examinations Council



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Head of National Office,  
West African Examinations Council,  
PMB 1022,  
Yaba, Nigeria.

Date:

## ASSUMPTION OF DUTY CERTIFICATE

I hereby certify that I, .....

(Name in block letters, SURNAME first)

assumed duty in the Council on: .....

having \* (a) been appointed on: .....

(b) proceeded on vacation/maternity/casual leave on: .....

.....  
Signature of Officer  
Assuming duty

Rank: .....

I certify that the foregoing particulars are correct.

Head of Section: .....

Name of Section: .....

Date:.....

**\*Please this form is equally applicable to assumption/resumption of duty.**

NOTE: This form must be completed immediately by the officer concerned on arrival and given to the Head of Sections who will countersign and forward to the Deputy Director (HRM).