**PERMIT TO PERFORM AN ESSENTAIL OR PERMITTED SERVICE**

Regulation 16(2)(b) and 28(4)

FOR THE ATTENTION OF THE NATIONAL DEFENCE FORCE, SAPS OR WHOMSOEVER IT MAY CONCERN:

* *Please note that the person to whom this permit is issued must at all times present a form of identification together with this permit. If no identification is presented, the person to whom the permit is issued will have to return to his or her place of residence during Alert Level 4.*

I, being the head of institution, with the below mentioned details,

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names** |  |
| **Identity number** |  |
| **Contact details** | **Cell nr.** | **Tel Nr(W)** | **Tel Nr(H)** | **e-mail address** |
|  |  |  |  |
| **Physical Address of Institution** |  |

Hereby certify that the below mentioned official /employee is performing services in my institution

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names** |  |
| **Identity number** |  |
| **Place of residence of employee** |  |

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, on this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2020.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**{EMPLOYER NAME} Official Stamp**

Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_