**ANNEXURE C**

**FORM 1**

**PERMIT TO PERFORM ESSENTIAL SERVICE**

**Regulation 11B(3)**

• *Please note that the person to whom the permit is issued must at all times have a form of identification to be presented 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 the lockdown*

I,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names** |  |
| **Identity**  **number** |  |

Deliver an essential service.

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

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

*Official stamp of Institution*

*Signature of Head of Institution*