**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 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 number** | **Tel (W)** | **Tel (H)** | **e-mail address** |
|  |  |  |  |
| **Physical Address of Institution** |  |

Hereby certify that:

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

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

**COMPANY STAMP**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Head of Institution*