**(Company Name)**

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| **(Company Logo)** |  | |
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| **Document Name** | **ESSENTIAL SERVICES PERMIT** | |

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| **Surname** |  | | | |
| **Full Names** |  | | | |
| **ID nr** |  | | | |
| **Contact Details** | Cell nr | Tel nr (W) | Tel nr (H) | E-mail address |
|  |  |  |  |  |
| **Physical address of institution** |  | | | |

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Hereby certify that:

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| **Surname** |  |
| **Full Names** |  |
| **ID nr** |  |

Is an employee performing Essential Service.

For further information please do contact the issuer hereof.

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

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Signature of Head of Institution