

[TO BE INSERTED ON BUSINESS/ENTITY LETTERHEAD]

**ANNEXURE A
FORM 2
PERMIT**

I

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

herby certify that:

Surname	
Full names	
Identity number	
Place of Residence of Employee	

is travelling for the purposes of carrying out work responsibilities and/or services permitted under Alert Level 3 of the regulations issued in terms of section 27(2) of the Disaster Management Act, 2002 to [Enter Place of Travel], which place is not within the area of [his/her] ordinary place of residence.

Signed at _____ on this the _____ day of _____ 2020

Signature of Head of Institution

*Official stamp
of Institution*

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