

FORM 3A
CERTIFICATE FOR STUDENTS TO TRAVEL TO ANOTHER
PROVINCE/METROPOLITAN AREA/DISTRICT

Regulations 34(5)

Note: This certificate and an identity document/drivers license must be in the possession of the student to whom this certificate is issued.

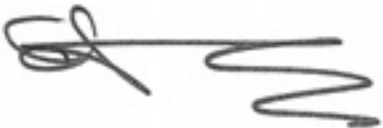
I,

Full names	André
Surname	Lubbe
Identity Number	7002245008080
Name of School/Institution	IIE MSA
Address of School/Institution	144 Peter Road, Ruimsig
Province of School/Institution	Gauteng
Metropolitan area/district of School/Institution	Johannesburg Metropolitan.
	Mobile Number Telephone (W) E-Mail Address
Contact Details	011 950 4064 011 950 4000 registration@iiemsacoza.co.za

In my capacity as *Head/delegated person of the above mentioned *school/institution, hereby declare that the undermentioned *student is a “student” at this *school/institution, and needs to travel between different *provinces/metropolitan areas/districts for education

Full names of student	YUVEER
Residential address	17 CRANE STREET, SUNCITY
Province of Residence	
Metropolitan area/district of residence	SOUTH AFRICA 0316
Full names of primary caregiver	Self
	Contact Number: E-Mail Address:
Contact Details of primary caregiver	+27814130357 ykal0001@student.monash.edu

Signed at: Ruimsig on this 8th day of June 2020.



*Head/delegated person of *school/institution

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