**FORM 2**

**PERMIT TO PERFORM AN ESSENTIAL OR PERMITTED SERVICE**

**Regulations 16(2) (b) and 28(4)**

Please note that the person to whom the permit is issued must at all times present a form of

Identification together with this permit. If no identification is presented, the person to whom the permit is issued will have to return to his/her place of residence during Alert level 4

**I, being the head of institution, with the below mentioned details,**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname |  | | | |
| Full Names |  | | | |
| Identity Number |  | | | |
|  | Cell Number | Tel Number (W) | Tel Number (H) | Email address |
| Contact Details |  |  |  |  |
| Physical Address of Institution |  | | | |

**Hereby certify that the below mentioned official /employee is performing services in my institution:**

|  |  |
| --- | --- |
| Surname |  |
| Full names |  |
| Identify Number |  |
| Place of Residence of Employee |  |

Signed at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Head of Institution

Employer Official Stamp