**ANNEXTURE C**

**FORM 1**

**PERMIT TO PERFORM ESSENTIAL SERVICES**

**REGULATION 11B(3)**

Please note that the person to whom the permit is issued must at all times have 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 place of residence during the lockdown

I,(Full Names and Surname)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ID)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Details

Cell Number:

Tel Number Work :

Email Address:

Hereby certifies that the list attached (Including Full Names, Surname and ID numbers) works for (Company)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which is an Abattoir.

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

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

Signature of Head of institution

Official Stamp of institution