**ANNEXURE A FORM 2 – WORK PERMIT**

Regulation 16(2)b &28(4) *(on letterhead)*

**YOU MUST CARRY THIS PERMIT AND YOUR ID WITH YOU AT ALL TIMES.**

**If you are travelling to work and do not have your ID, or this permit, you will have to go home and this will be deemed “no work, no pay”** (section in yellow is elective)

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  | | | |
| **Full Names** |  | | | |
| **Identity Number** |  | | | |
| **Contact details** | **Cell nr** | **Tel nr (work)** | **Tel nr (Home)** | **E-mail address** |
|  |  |  |  |
| **Physical address of institution** |  | | | |
|  | | | |

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

|  |  |
| --- | --- |
| **Surname** |  |
| **Full Names** |  |
| **Identity Number** |  |
| **Place of residence of employee** |  |
|  |

Signed at**:** on this day of 2020.

Official stamp of institution

Signature of head of Institution (CEO)