25 March 2020

**FORM 1**

**PERMIT TO PERFORM ESSENTIAL SERVICE**

**REGULATION 11B(3)**

**GOVERNMENT NOTICE R 399 IN GOVERNMENT GAZETTE 43147**

**LETTER OF AUTHORITY AND IMPORTANT NOTICE – COVID 19 NATION WIDE LOCK – DOWN IN TERMS OF THE DISASTER MANAGEMENT ACT (“THE ACT”) SUPPLY OF FOOD**

*Please note that the person to whom the permit is issued must at all times 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 or her place of residence during the lockdown.*

I,

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

**Certify that**

In accordance with the President’s announcement of 23 March 2020 and regulations published on the 25th of March 2020, the company [insert name], comprising of……………………………………………………………[names of companies in group] is performing an essential service as listed in Annexure B to the said Regulations. The essential services it is responsible for is [insert details of the essential service provided] The above critical business units will remain open only to ensure the continued service delivery of the essential service outlined above as per the requirements under the Regulations.

The employee of …………………[name of company],

|  |  |
| --- | --- |
| **Surname** |  |
| **Full names** |  |
| **Identity Number** |  |

have been identified as part of the critical essential business units involved with the provision of the essential service and accordingly has the authority to be able to continue with these essential services. In the event of queries by any of the applicable regulatory authorities or security services such as the National Defense Force (army), South African Police or traffic officials, please ensure that you show them a copy hereof. This authority remains and is valid until such time it is revoked by the Group Chief Executive Officer.

**Signature of head of institution: ……………………………..**

**Full names: …………………………..**

**GROUP CHIEF EXECUTIVE OFFICER**

**THUS SIGNED** and **SWORN** to before me at …………. [place] on this …………..[date] 2020, the Deponent having acknowledged that he knows and understands the contents of this Affidavit; that he has no objection to taking the prescribed oath and that he considers the oath as binding on his conscience.

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

**NAME: ……………………………………..**

**COMMISSIONER OF OATHS**

**Address TEL NR: ……………………..**