**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 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 Alert Level 4.*

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Surname** |  | | | |
| **Full names** |  | | | |
| **Identity Number** |  | | | |
| **Contact details** | **Cell nr.** | **Tel Mr (W)** | **Tel Nr (H)** | **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 the day of 2020.**

Official stamp of Institution

**Signature of Head of Institution**

**ADDENDUM**

**Timetable / operating shift / work schedule of the employee above**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Shift 1** | Start: | Start: | Start: | Start: | Start: | Start: | Start: |
| (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) |
| End: | End: | End: | End: | End: | End: | End: |
| (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) |
| **Shift 2** | Start: | Start: | Start: | Start: | Start: | Start: | Start: |
| (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) |
| End: | End: | End: | End: | End: | End: | End: |
| (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) |
| **Shift 3** | Start: | Start: | Start: | Start: | Start: | Start: | Start: |
| (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) | (enter time) |
| End: | End: | End: | End: | End: | End: | End: |
|  |  |  |  |  |  |  |

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

**Full names: …………………………..**

**GROUP CHIEF EXECUTIVE OFFICER**