**FORM 7**

**PERMIT TO TRAVEL TO PERFORM A SERVICE**

* *Please note that the person to whom the permit is issued must always 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 or her place of residence during Alert Level 3.*

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

|  |  |
| --- | --- |
| **Surname:** |  |
| **Full Names:** |  |
| **Identity Nr:** |  |
| **Contact details:** | **Cell nr:** |  |
| **Tel nr (work):** |  |
| **Tel nr (home):** |  |
| **Email address:** |  |
| **Physical Address** **of Institution:** |  |

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

|  |  |
| --- | --- |
| **Surname:** |  |
| **Full Names:** |  |
| **Identity Nr:** |  |
| **Place of residence of employee:** |  |

Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this the\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2021.

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

**Signature of Head of Institution**