**A picture containing drawing, food

Description automatically generatedCOMPANY OR PERSONAL LETTERHEAD**

**ANNEXURE A**

**FORM 2**

**PERMIT TO PERFORM ESSENTIAL OR PERMITTED SERVICE**

**Regulation 16(2)(b) and 28(4)**

**In terms of the Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002, the following are regarded as essential services: “PART A(1): All agriculture, hunting, forestry and fishing, bee -keeping, including preparation, cultivation, harvesting, storage, transport of live animals and auctions (subject to health directions) and related agricultural infrastructure and services (including research, inspection, certification and quality control). All fishing, operation of fish hatcheries and fish farms, on such conditions as may be issued in directions by the cabinet members responsible for the environment, forestry and fisheries. Harvesting and storage activities essential to prevent the wastage of primary agricultural, fishing and forestry goods. Export of all agricultural, agro- processed, fishing and forestry products.”**

**Please note that the person to whom the permit is issued must at all times 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 or residence during Alert Level 4.**

|  |  |  |  |
| --- | --- | --- | --- |
| I, being the head of the institution, with the below mentioned details, | | | |
| Surname |  | | |
| Full Names |  | | |
| I.D Number |  | | |
| Contact details | Cell nr. | Tel Nr (W) | Tel Nr (H) |
|  |  |  |  |
| Email address |  | | |
| Physical Address of institution |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Hereby certify that the below mentioned official /employee is performing services in my institution | | | |
| Surname |  | | |
| Full names |  | | |
| I.D Number |  | | |
| Occupation |  | | |
| Place of residence of employee |  | | |
| Work Hours From |  | To |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Signed at** |  | **on this** |  | **day of** |  | **2020** |

*Official Stamp of Institution*

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

**[Signature of Head of Institution}**

**Position**

If you do not have a stamp, insert the name of your farm!

**Contact number**