Affix Official Stamp below

PERMIT TO TRAVEL TO ANOTHER PROVINCE/METROPOLITAN AREA/DISTRICT FOR A FUNERAL Regulation 18(5)

(To be completed by the h respectively.)	nead of court of	a station comman	der or a person designated by	/ him or he
ī			(full names of "head of	of court or
I, person designated by him or for-	her or station co	mmander of a police	e station or a person designated	y him or he
(a) The Magistrate's cour	t for the district o	of	, OR	
(b) The police station at _				
Hereby issue this permit for t	ravel to another o	district/province to th	ne following person	
Full Names				
Surname				
Identity Number				
Address of place of residence				
Province of residence				
Contact details	Cell nr.	Tel Nr(W)	e-mail address	
Metropolitan area/district travelling to				
Province travelling to				
Date of funeral:				
I also declare that the above- certificate/affidavit to me	mentioned perso	n presented the *dea	ath certificate/certified copy of th	e death
*delete that which is not app	licable			
Signed at	, on th	nisday of	2020	
Signature of Person issuin	 g permit			