

**FORM 7**

**PERMIT TO TRAVEL TO PERFORM A SERVICE**

*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 of residence.*

I, being the duly delegated authority to act on behalf of the head of the institution, with the below-mentioned details,

|  |  |
| --- | --- |
| **Surname:** |  |
| **Full Names:** |  |
| **SU Work Title:** |  |
| **Identity number:** |  |
| **Contact details:** | **Telephone (Work)** | **Cellphone** | **Telephone (Home)** | **Email address** |
|  |  |  |  |
| **Physical Address of Institution:** |  |

hereby certify that the below-mentioned official/employee is performing services at Stellenbosch University:

|  |  |
| --- | --- |
| **Surname:** |  |
| **Full Names:** |  |
| **Identity Number** |  |
| **Place of Residence of Employee:** |  |
| **Employment (UT) number:** |  |

and has been granted permission to travel during the curfew for business purposes.

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**Signed** at place on date.

**Signature**

Name and surname

Title e.g. dean

**Delegated Authority**