FORM 3

PERMIT FOR THE MOVEMENT OF CHILDREN TO TRAVEL TO ANOTHER PROVINCE/METROPOLITAN AREA/DISTRICT

Regulation 17(1)(c)

Note: This permit and any form of identification must be in the possession of the person to whom this permit is issued

ΛT		ON THISI	DAY OFHELD2020.
SEFORE ME			MAGISTRATE FOR THE
FOREMENTIONED	DISTRICT IN	CHAMBERS	
hander taken this a	'A footbare 1 A	a tha fallassian a sassas	
Full names:	ermit for travel t	to the following person:	
Surname:			
Identity number:			
Address of place of residence:			
Province of residence:			
Contact details:	Cell nr	Tel No	e-mail address
Metropolitan area/district travelling to:			
Province travelling to:			
Date of travel to:			
Date of return travel:			
Name of child concerned (must correspond with the birth certificate):			
Reason for movement of child(ren):			
also declare that the 7(5).	above-mentioned	d person presented the doo	cumentation as required by *regulation
		this day of _	2020.
Signed at			