

On Company Letterhead

I,

Surname			
Full Names			
ID Number			
Contact Details	Cell Nr.	Tel Nr (W)	e-mail address
Physical Addresses of the Institution/Related to the Services of the Institution:			
Site Activity, e.g. Manufacturing Site			
Site Activity, e.g. Warehouse			
Site Activity, e.g. Hospital			

Hereby certify that:

Surname	
Full names	
Identity number	

Signed at _____, on this the 26th day of March 2020.

Signature of Head of Institution

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