

**CERTIFICATE FOR LEARNERS OR STUDENTS TO TRAVEL TO ANOTHER PROVINCE
Regulation 34(5)**

Note: This certificate and an identity document/drivers license must be in the possession of the learner / student to whom this certificate is issued

I,

Full Names			
Surname			
Identity Number			
Name of school/institution			
Address of school/institution			
Province of school/institution			
Metropolitan area/district of school/institution			
Contact details	Cell nr.	Tel Nr(W)	e-mail address

In my capacity as *Head/delegated person of the above-mentioned school/institution hereby declare that the undermentioned *learner/student is a *learner/student at this *school/institution, and needs to travel between different *provinces/metropolitan areas/districts for education

Full name of learner/student			
Surname of learner/student			
Residential Address			
Province of residence:			
Metropolitan area/district of residence			
Full names of primary caregiver			
Contact details of primary caregiver	Cell nr.	Tel Nr(W)	e-mail address

*delete that which is not applicable

Signed at _____, on this ____ day of _____ 2020

Signature of Head/delegated person of the above-mentioned school/institution
Affix Official Stamp of institution below