"FORM 2 PERMIT TO TRAVEL TO ANOTHER METROPOLITAN AREA, DISTRICT OR PROVINCE Regulation 11B(8)(dJ

(To be completed by the Magistrate who is the Head of Office or a station commander of a police station or a person designated by him or her.)

I, (full names of *Magistrate Istation commander of a police station or a person designated by him or her) for- (a) the Magistrate's court for the district of		
Full names:		
Surname:		
Identity number		
Address of place of residence:		
Province of residence:		
Contact details:	Cell Tel No l e-mail address	
Metropolitan area/district travelling o:		
Province travelling to:		
Date of funeral/cremation:		
I also declare that the above-mentioned person presented the *death certificate/certified copy of the death certificate/affidavit to me.		
Signed at	thisday of2020.	
*Person issuing perm	it Official stan	ıp
Date of funeral/cremation: I also declare that the certificate/certified co	thisday ofday of	ıp

* Delete whichever is not applicable