## FORM 3A

## CERTIFICATE FOR LEARNERS OR STUDENTS TO TRAVEL TO ANOTHER PROVINCE/METROPOLITAN AREA/DISTRICT

Regulation 34(5)

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

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	
oontact actums	och in.	101141(44)	c-mail addi c33	
undermentioned person, trar *provinces/metropolitan area	nsports *learners or		school/institute hereby declare that school/institute between different	t the
Full names of learner /student:				
Surname of				-
learner /student:				
Residential address:				
Province of residence:				
Metropolitan				-
area /district of				
residence:				
Full names of				
primary caregiver:	Call	T-181-040	a masti salatas s	
Contact details of primary caregiver:	Cell nr.	Tel Nr(W)	e-mail address	
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Signed at	on this_	day of	2020	
		-		
Head/delegated person of *so	chool/institution			
			Official Star institution	