

ANNEXURE A

FORM 1

ORDER FOR A PERSON TO GO TO A SITE OF ISOLATION, QUARANTINE FACILITY, OR FOR A PERSON TO GO FOR MEDICAL EXAMINATION

Regulation 7(2)

IN THE MAGISTRATES COURT FOR THE DISTRICT OF _____ HELD
AT _____ ON THIS _____ DAY OF _____ 2020.

BEFORE ME _____ MAGISTRATE FOR THE
AFOREMENTIONED DISTRICT IN CHAMBERS

WHEREAS it appears that _____ (name of person)

Being a person:

- who has been clinically, or by a laboratory, confirmed as having COVID-19
- who is suspected of having contracted COVID-19
- who has been in contact with a person who is a carrier of COVID-19
and who has refused to —
- submit to a medical examination, including but not limited to the taking of any bodily sample by a person authorised in law to do so;
- be admitted to a site to be used as isolation or a quarantine facility; or
- submit to mandatory prophylaxis, treatment, isolation or quarantine or isolation in order to prevent transmission.

I hereby issue an order for the submission of the said person to a medical examination, including the taking of any bodily sample by a person authorised in law.

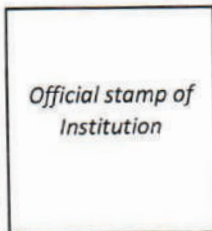
DATE

.....
MAGISTRATE

NOTE: This order remains in force until —

- (a) it is executed;
- (b) it is cancelled by the person who issued it or, if such person is not available, by any person with like authority;
- (c) a period of ninety days has lapsed from the date of its issue; or
- (d) the purpose for the issuing of the order has lapsed.

Signed at _____, on this the _____ day of _____
2020.



FORM 2
PERMIT TO PERFORM AN ESSENTIAL OR PERMITTED SERVICE
 Regulations 16(2)(b) and 28(4)

- Please note that the person to whom the permit is issued must at all times present a form of identification together with this permit. If no identification is presented, the person to whom the permit is issued will have to return to his or her place of residence during Alert Level 4.

I, being the head of institution, with the below mentioned details,

Surname				
Full names				
Identity number				
Contact details	Cell nr.	Tel Nr(W)	Tel Nr(H)	e-mail address
Physical Address of Institution				

Hereby certify that the below mentioned official/employee is performing services in my institution

Surname	
Full names	
Identity number	
Place of residence of employee	

Signed at _____, on this the _____ day of _____ 2020.

Signature of Head of Institution

Official stamp of
 Institution

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

IN THE MAGISTRATES COURT FOR THE DISTRICT OF _____ HELD
 AT _____ ON THIS _____ DAY OF _____ 2020.

BEFORE ME _____ MAGISTRATE FOR THE
 AFOREMENTIONED DISTRICT IN CHAMBERS

I, hereby issue this permit for travel to the following person:

Full names:					
Surname:					
Identity number:					
Address of place of residence:					
Province of residence:					
Contact details:	Cell nr		Tel No (h)		e-mail address
Metropolitan area/district travelling to:					
Province travelling to:					
Date of travel to:					
Date of return travel:					
Name of child concerned (<i>must correspond with the birth certificate</i>):					
Reason for movement of child(ren):					

I also declare that the above-mentioned person presented the documentation as required by *regulation 17(5).

Signed at _____ this _____ day of _____ 2020.

 Magistrate issuing

Official stamp

FORM 4
PERMIT TO TRAVEL TO ANOTHER PROVINCE/METROPOLITAN AREA/DISTRICT FOR A
FUNERAL
 Regulations 18(5)

(To be completed by the head of court or a station commander or a person designated by him or her respectively.)

I, _____ (full names of *head of court, or a person designated by him or her / station commander of a police station or a person designated by him or her) for—

(a) the Magistrate's court for the district of _____;

(b) the police station at _____;

hereby issue this permit for travel to another district/province, to the following person:

Full names:					
Surname:					
Identity number					
Address of place of residence:					
Province of residence:					
Contact details:	Cell nr		Tel No (h)		e-mail address
Metropolitan area/district travelling to:					
Province travelling to:					
Date of funeral:					

I also declare that the above-mentioned person presented the *death certificate/certified copy of the death certificate/affidavit to me.

Signed at _____ this _____ day of _____ 2020.

 *Person issuing permit

Official stamp

FORM 5
SWORN AFFIDAVIT BY PERSON WHO WISHES TO ATTEND A FUNERAL IN ANOTHER
PROVINCE/METROPOLITAN AREA/DISTRICT
 Regulations 18(7)

- Note: 1.** *A person giving false information on this affidavit shall be guilty of an offence and, on conviction, liable to a fine or to imprisonment for a period not exceeding six months or to both such fine and imprisonment.*
- 2.** *This affidavit may only be sworn to or affirmed at a magistrate's court or police station.*

I,

Full names:					
Surname:					
Identity number					
Address of place of residence:					
Province of residence:					
Contact details:	Cell nr		Tel No (h)		e-mail address
District of funeral:					
Province in which funeral will take place:					

Hereby declare under oath with regards to the deceased:

Names of deceased:				
Surname of deceased:				
Relationship/Affiliation to the deceased (eg spouse/parent)				
I am not in possession of the death certificate for the reasons set out, and a copy of the letter from a cultural or religious leader is attached:	Yes		No	
Date of funeral:				
Province in which funeral will take place:				
*City/town/village of funeral:				

***OATH/AFFIRMATION**

I, _____ (full names), identity number _____, hereby declare under *oath/affirmation that the above-mentioned information is true and correct.

Signed at _____ on this _____ day of _____ 2020.

Signature of person making affidavit

CERTIFICATION

I hereby certify that before administering the *oath/taking the affirmation, I asked the deponent the following questions and noted *his/her answers in *his/her presence as indicated below:

(a) Do you know and understand the contents of the above declaration?

Answer: _____

(b) Do you have any objection to taking the *oath/affirmation?

Answer: _____

I Do you consider the *oath/affirmation to be binding on your conscience?

Answer: _____

I hereby certify that the deponent has acknowledged that *he/she knows and understands the content of this declaration which was *sworn to/affirmed before me, and the deponent's signature was placed thereon in my presence.

Signed at _____ this _____ day of _____ 2020

*Justice of the Peace/Commissioner of Oaths

Full names: _____

Designation: _____

Business address: _____

*Delete which is not applicable".