

**Form 1**

I, ..... (Full name) of National Identity Card number ..... and telephone number ..... hereby certify that our employee named below provides ..... Health (COVID-19 Restriction of Movement of Persons and Related Measures) rules, 2020

Full name of employee	
National identity card number	
Residential area and details (estate, location , street )	
Job description	
Telephone number	
Purpose of the trip assigned	
Motor vehicle's registration number	
Origin and destination of the vehicle	
Nature of cargo	

Signed at ..... On this ..... Day of .....2020

Institution/Business/Entity .....

Physical Address .....

Postal Address .....

Office Telephone Number .....

Signature of Authorized Officer .....

Official Stamp of Institution .....