

Postal address:

	Postal Code: <input type="text"/>

B: EXEMPTION:

Exemption requested for Category One

Full Exemption (Categories One to Three)

Reason for Request:

Age (over 65)

Certified copy of ID must be attached

Illness

Original Doctor's motivation must be attached

Incapacity

Provide Details

Pregnancy and extended maternity leave

Original Doctor's letter and/or motivation for extended maternity leave to be attached

Retrenchment

Proof to be attached

Other

Motivation and/or proof to be attached

C: DECLARATION

I, the applicant declare that:

- I am aware of the fact that this application for exemption is only valid for one calendar year
- To the best of my knowledge all the information contained herein is true and correct

Date:

:	:	:
D	M	Y

Signature of Applicant: _____

FOR OFFICE USE ONLY

EXEMPTION GRANTED FOR:

Category One

Full Exemption (Categories One to Three)

Exemption Period:

to

Date:

:	:	:
D	M	Y

Signature _____

DATABASE AMENDED:

Date:

:	:	:
D	M	Y

Signature _____

CONFIRMATION SENT:

Date:

:	:	:
D	M	Y

Signature _____