

Form 1

I,.....(Full name) of National Identity card number..... and telephone number hereby certify that our employee named below providesservice being an essential service exempted under rule 4(1) of the Public 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	

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