

**GUIDELINE FOR THE COMPLETION OF THE PERMIT TO PERFORM
ESSENTIAL SERVICES IN TERMS OF THE
DISASTER MANAGEMENT ACT, 2002: AMENDMENT OF
REGULATIONS ISSUED IN TERMS OF SECTION 27(2) PER
GOVERNMENT GAZETTE NO. 43148**

1. INTRODUCTION

- 1.1 These guidelines are issued in order to assist enterprises to comply with the above Regulations.
- 1.2 All enterprises operating within the borders of the Republic of South Africa are expected to be closed during the lockdown period.
- 1.3 Only enterprises which produce, provide, distribute, trade or provide critical maintenance services to one or more of the listed goods and services in Annexure B of the Regulations may operate within the borders of the Republic of South Africa during the lockdown period.
- 1.4 In addition, these enterprise **MUST** ensure that the absolute minimum number of staff necessary to safely operate these enterprises are at work during the lockdown period.

2. MANDATORY IDENTIFICATION REQUIRED BY STAFF WORKING DURING THE LOCKDOWN PERIOD

- 2.1 All staff **MUST** at all times carry an original **PERMIT TO PERFORM ESSENTIAL SERVICE REGULATION 11B (3)**.
- 2.2 All staff **MUST** at all times carry a photo identification issued by the Department of Home Affairs.

3. NON-COMPULSORY CERTIFICATION OF ENTERPRISES THROUGH THE BIZPORTAL

- 3.1 Enterprises may register on www.bizportal.gov.za

4. CONTACT DETAILS IN THE EVENT OF ENTERPRISES WISHING TO CLARIFY THEIR STATUS AS AN ESSENTIAL GOOD OR SERVICE

- 4.1 Enterprises may contact the Department of Trade, Industry and Competition (DTIC) on lockdownexemptions@thedtic.gov.za
- 4.2 Enterprises may call the Department of Trade, Industry and Competition (DTIC) on 0861 843 348 or +27 12 394 9500.

ANNEXURE C FORM 1

PERMIT TO PERFORM ESSENTIAL SERVICE REGULATION 11B (3)

Please note that the person to whom the permit is issued must at all times carry a form of identification to be presented 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 the lockdown.

Surname				
Full names				
Identify number				
Contact details	Cell nr.	Tel nr (w)	Tel no(H)	Email-address
Physical address of institution				

Hereby certify that:

Surname	
Full names	
Identity number	

Signed at-----on this the----- day of -----2020

Official stamp of the institution

Signature of Head of institution