NAME OF DRIVER: _____

DATE:	
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AUTH NO: _____

REGISTRATION NUMBER: _____

ANNEXURE C

CONTINUATION SHEET TO PMT/PROF/001 IN THE EVENT OF ANY ADDITIONAL PASSENGERS TO BE CONVEYED IN THEVEHICLE

To be attached to pr-forma PMT/PROF/0001 and presented upon request

Passengers: Enter names and ID No's of authorised passengers below. An ID MUST BE carried while travelling in a Government Vehicle. Note: Hospital patients are exempted from carrying ID, but names must be listed below:

Names	ID No	Reasons

TRANSPORATATION OF THE ABOVE PASSENGERS AUTHORISED BY: I hereby certify that the journeys are official and that the funds are available to cover the expenditure

Responsibility Manager:	Signature:	Tel No:	Date:
Supervisor's Name:	Signature:	Tel No:	Date:
Transport Officer's Name:	Signature:	Tel No:	Date: