ANNEXURE "C"
CONTINUATION SHEET TO PMT/PROF/0001

(IN THE EVENT OF ANY ADDITIONAL PASSENGERS TO BE CONVEYED IN THE VEHICLE)

* To be attached to pro-forma PMT/PROF/0001 and presented upon on 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

TRANSPORTATION OF THE ABOVE PASSENGERS AUTHORISED BY:
I hereby certify that the journeys are official and that 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:
…….	…….	…….	…….