SUGGESTED FORMAT FOR USE BY FOREIGN GOVERNMENT INSTITUTIONS

EQUIVALENT DOC	UMENT IN LIEU	OF UNABRIDGED	BIRTH CERT	IFICATE:
NAMES OF CHILD):	; P.	ASSPORT NU	MBER:

1. This letter serves to confirm the particulars of the parent(s) or legal guardian(s) of the abovenamed child for the purpose of travelling to / from South Africa:

[Name of mother] [passport number] [Name of father] [passport number] [Name(s) of legal guardian(s) [passport number(s)]

2. This letter is valid for period of 12 (twelve) months from the date of signature.

[Name of Head of Office] [Designation] DATE:

CONTACT NUMBER: