

SUBMISSION of INFORMATION

I, _____

ID-Number: _____ AGE: _____

Residing address : _____

Working address: _____

CONTACT NUMBERS: _____

The following information came to my attention and I hereby submit it to be investigated:

(add sheets for detailed information, add GPS co-ordinates, photos, sketches)

I am familiar with, and understand the contents of this submission. The information came to my attention by means of:
(tick applicable)

1) Firsthand experience

2) Word of mouth

3) Reliable witness

4) Social media

5) Other: _____

Place: _____ Date: _____

Signature: _____

I, _____

confirm that I have received the information as submitted by _____

I take responsibility for the information and will make sure that it is forwarded to the responsible department / unit.

NAME:

DATE: _____

CONTACT DETAILS: