**ANNEXURE C**

**To: The Head of Department**

**Kwazulu-Natal Department of Education**

**Private Bag X9137**

**Pietermaritzburg**

**DELIVERY OF SANITARY PADS**

**Name of School:**

**EMIS number:**

**Circuit:**

**District**:

**I hereby wish to confirm on the day of the delivery the school stamp of the above mentioned school was not available because**:

**…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..**

**Signed:**

**Name of person:**

**Rank:**

**ID number:**

**Persal:**