

VRYWILLIGE DIENS SONDER BETALING/ VOLUNTARY DUTY WITHOUT PAYMENT

| Diens Aan/ Duty on | | | Diens van/ Duty Off | | | Ure gewerk/ Hours Worked | Aard Van Diens/ Nature of Duty | Handtekening Bevelvoerder/ Signature Commander |
|-------------------------------------|-----------|---------------------|---------------------|-----------|---------------------|--------------------------|--------------------------------|--|
| Datum/ Date | Tyd/ Time | VB Nommer OB Number | Datum/ Date | Tyd/ Time | VB Nommer OB Number | | | |
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| TOTAL HOURS DUTIES PERFORMED | | | | | | | | |

I certify that the above hours duty performed by me (paid and voluntary) have been verified and is correct and completed in accordance with the SAPS 15, SAPS 10 and/ or SAPS 206.

.....
(Signature)

.....
(Date)

(To be signed by the reservist)