



**Western Cape
Government**

Community Safety

SRM 001

**CHIEF DIRECTORATE
SECURITY RISK MANAGEMENT**

AUTHORISATION TO REMOVE GOODS FROM GWC BUILDINGS/PREMISES

A. FOR THE USE OF AUTHORISING OFFICER

PERSON AUTHORISED TO REMOVE GOODS

DEPARTMENT: _____

Name: _____ Component/Firm: _____

Persal Nr: _____ Tel/Ext: _____ Access/Visitor's permit No: _____

Reason: _____

SIGNATURE: _____ **DATE:** _____

DESIGNATION: _____

GOODS

Computer ☐

Other equipment ☐

No. of items: _____

Description: _____

Serial No. (where applicable): _____

AUTHORISATION BY

DEPARTMENT: _____

Name: _____ Component/Firm: _____

Persal Nr: _____ Office No.: _____ Tel. No.: _____

Item(s) must be / will not be returned on: _____

SIGNATURE: _____ **DATE:** _____

DESIGNATION: _____

B. FOR THE USE OF SECURITY STAFF

I hereby confirm that the goods have been removed, verified and checked. Goods are as indicated.

NAME OF OFFICER: _____ **DATE:** _____

ACCESS POINT: _____ **BUILDING:** _____

Removal of goods between two buildings: From _____ to _____

SIGNATURE: _____ **DATE:** _____ **TIME:** _____