



Postdoctoral Research Fellowship (PDRF)

DECLARATION REGARDING EMPLOYMENT RESTRICTIONS

To be completed by the POSTDOCTORAL RESEARCH FELLOW

I
(Title, Full Name and Surname) PDRF registration number
hereby confirm that that I do not have employment for more than 12 hours per week in SA
or another country and I do not receive any form of income during the period of absence
from my home country.

Signature:

Date:

To be completed by the HOST

I
(Title, Full Name and Surname) hereby confirm that I am the host and confirm the contents
of this declaration for the above-mentioned postdoctoral fellow.

Signature:

Date:

