

Eastern Cape Hunters Safari Company
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TO WHO IT MAY CONCERN:

| This serves to confirm that: | | |
|---|------|--------------|
| NAME: | | |
| CITIZENSHIP: | | |
| ADDRESS: | | |
| PASSPORT NUMBER: | EXPI | RATION DATE: |
| Will be hunting with Eastern Cape Hunters Safari Company for the periodto | | |
| In order to conduct this hunt Mr./Ms | | |
| Will require the following arms and correct ammunition: | | |
| Type: (Rifle, Shotgun, Handgun | Make | Serial no. |
| 1. | | |
| 2. | | |
| 3. | | |
| | | |
| 5. | | |
| Ammunition for Above: Number of Rounds: 1 2 | | |
| 3 | | |
| Sincerely, | | |

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