



REPUBLIC OF SOUTH AFRICA

FORM D

APPLICATION FOR DISCHARGE FROM DETENTION/WAIVER OF PROTECTION

Whereas I,....., **a)**
gave authorization on..... **b)** at..... **c)**

(Year / Month / Day)

that I be * detained in/ * place under protective custody, I now make application to be * discharged from detention / * released from protective custody.

.....

(Signature/mark/thumbprint)

.....

(Signature/mark/thumbprint of parent/guardian of above-mentioned person)

Remarks:

- a)** State the name and surname of detainee/protected person.
- b)** State date of authorisation for protective custody.
- c)** State place where the authorization was given.
- * Delete whichever is not applicable.