Organisation’s letterhead (name and physical address)

Date

To whom it may concern

I, ……….. (name and surname)……, as delegated authority of …………. (company name)……….. here by give permission to the primary researcher ……..(researcher’s name and surname)…… of the GSTM, University of Pretoria the followings: ***(delete where applicable)***

1. To engage (survey/interview) with the employees of the above mentioned company. I have reviewed questionnaire / interview questions given to me by the researcher. I hereby give my approval for using the questionnaire / interview questions by the researcher.
2. To collect and publish information relating to the above mentioned company that is publically not available.

for the research project titled: ………..

This authorization is based on a mutual understanding that the above mentioned company’s name   
**can be revealed / will not** **be mentioned anywhere** ***(delete where applicable)*** in his/her project.

*(if the company’s name cannot be mentioned anywhere, add the following condition as well in the letter: Additionally, no information in his/her project will enable a third party to identify the name of the above mentioned company as the respondent to the survey.)*

The information provided by the employees or any other means (such as company’s archived documents or reports) of the above mentioned company is purely for academic purposes and cannot be used for any other purpose.

Regards,

\_\_\_\_\_(signature)\_\_\_\_\_ \_\_\_\_\_(date)\_\_\_\_\_\_

Name & Surname

\_\_\_\_\_\_(Position/Delegation of authority; e.g. CEO, Director)\_\_\_\_\_\_\_

Tel/Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official stamp (if available)