



Province of the
EASTERN CAPE
SOCIAL DEVELOPMENT

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FORM 8

TRANSFER AND RE-TRANSFER OF SERVICE USERS FROM OR CHILD AND YOUTH CARE CENTRE, ALTERNATIVE CARE OR HEALTH ESTABLISHMENT TO PUBLIC TREATMENT CENTRE AND RETRANSFER

PREVENTION OF AND TREATMENT FOR SUBSTANCE ABUSE ACT, NO 70 OF 2008

**(ACT NO. 70 of 2008)
(Regulation 47)**

Department of Social Development/Service Provider reference number:

Reference number:

1. PARTICULARS OF SERVICE USER OR CHILD

Name

ID number:.....

Particulars of the current institution

Name _____

ID Number: _____

Name _____

Effective date of retransfer
