ADMISSION No.
TOELATINGSNR. MBY0057

ADOPTION CONTRACT

Garden Route

DOG CAT	Breed	Male/Female	
Microchip and or ID Ta		992003000408458	

This animal has been given to you in the ..... to provide a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

1. I do hereby confirm and undertake that
2. I am over eighteen (18) years of age.
3. All family members agree to the adoption and will abide by the conditions in the contract.
4. I will not part with possession of the animal except to **return** it to the SPCA if for any reason I am unable to keep it. In the event that I fail to do so, I agree that I will be liable to pay to the SPCA all costs which they may incur in obtaining confirmation that the animal has been homed to a suitable person, with suitable premises. In the event that this is not the case, I also agree that I will be liable for all costs which the SPCA may incur, including all legal costs on an attorney and client scale, in recovering possession of the animal.
5. I will give the animal a fair chance to adjust to its new home.
6. I understand that donations are not refundable or transferable.
7. I will feed and house the animal to the Society's satisfaction.
8. I will **not chain or cage** the animal, and understand that if it is found chained or caged, it will be removed from my care immediately.
9. I can afford the services of a private veterinary practitioner.
10. I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
11. I understand that in case of illness (not injury) occurring within the first seven (7) days of adoption, I may bring the animal to the Society to be attended to by its veterinarian (at the discretion of the Society) at no charge to myself.
12. I will ensure that the animal is sterilised as stipulated by the Society.
13. I undertake to ensure that the animal has identification at all times, either in form of a microchip or a collar and tag - only **elasticated or quick release collars** may be used for cats.
14. My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
15. I will notify the Society within forty-eight (48) hours should the animal die or go missing.
16. I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
17. I will permit an authorised officer of Society to visit my premises from time to time, to be assured that the animal is being treated in accordance with this Policy, and I will allow the Society to repossess the animal, if in the Society's opinion, the terms of this policy are not being reasonably adhered to.
18. I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
19. I will notify the Society of any change of address in writing by registered post with seven (7) days.

** I agree to never harm, neglect, abuse or abandon the animal that I adopt.*
** I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.*

I hereby declare that I have read through the Adoption Contract, and that I agree and acknowledge that the above contract is legal and binding.

UITPLASINGSKONTRAK

Garden Route

HOND / KAT	Ras	Manlik/Vroulik	
Mikroskyfie en of ID nSkyfie Nommer:			

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat.
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV **terug** te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nie besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie, aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal **nie die dier vasketting of gehok hou nie**, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsnykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik.
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - **slegs rekbandjies** mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres.

** Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.*
** Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.*

Ek verklaar hiermee dat ek die Uitplasing Kontrak gelees het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters): R. Terblanche

HOME ADDRESS
WOONADRES: 1 Kleinuki plaas, Friemersheim

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8102260045089

TEL No (H):
TELEFOON Nr (H):

(B):
(W):

CELL No:
SELFOON Nr: 060559 8668

FAX No:
FAKS Nr:

E-MAIL:
E-POS: rozannedup@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 1546

VEHICLE REG No.
VOERTUIG REG Nr. CBS 17081

VEHICLE MAKE:
VOERTUIG MAAK. Yaris

COLOUR:
KLEUR: Grys/Ice

SIGNATURE
HANDTEKENING: R Terblanche

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 14/01/24

ADMISSION, ASSESSMENT AND HISTORY RECORD

MBY 0057

Garden Route

KENNEL No.					ADMISSION No.	T 0149
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In			Time In		Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	X	Yes	Lost & Found Date checked	
		No		

Microchip/Collar or ID tag found		Yes	Date scanned or checked		Microchip or ID Tag number	
	X	No				

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed			Colour and Markings	
Condition			Sex	Age
Temperament			Sterilisation Details	Name
Coat	Tail	Teeth Condition	Ears	Size
Area found / collected from				Date
Reason for surrender				

ASSESSMENT

GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Livestock / Other		
DO THEY:		
Jump Fences		
Run Away		

COMMENTS:

Surrendered by	X	Name			
Found by					
Residential Address					
Postal Address					
Tel (H)		Tel (W)		Cell	
Email					
Donation R		Cash	Card	EFT	(Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that **I DO / DO NOT** own the animal/s described above, that **IT IS/ IT IS NOT** a stray and **I DO / DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see "Conditions" on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE,** dat dit 'n **RONDLOPER / NIE ~~RONDLOPER~~ NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdruklik ooreengekom dat nog die DBV nog sy amtenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. **Sien ook die "Voorwaardes" op die agterblad.**

Signature		Witness for Society	

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐ On Date:

CONTRACT: MBY 0057

ADMISSION NO T0149

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 16/01/24 TIME: 10.40

NAME OF APPLICANT: R. Terblanche

ADDRESS: 1 Kleinvlei Plaas, Friemersheim

HOME TEL No: _____ CELL No: 060 559 8668/4

ANIMAL(S) ADOPTING: Cat

SEX: female AGE: ± 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wood fence		Suitability of fence (i.e. small pets can't escape):	
Suitable shelter? (i.e. Kennel in protected area)	YES ☑ / NO ☐	Any sign of Chain/Runner?	YES ☐ / NO ☒
Is the front yard separated from the back?	YES ☐ / NO ☐	If yes, what partitioning?	
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify:	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Terrier x Lab				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	3 yrs male	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ CATS ☑ SMALL DOGS

☑ MEDIUM DOGS ☑ LARGE DOGS

INSPECTED BY: KURT SPCA: Hesselby SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

<u>**BeëDIGDE VERKLARING**</u>

NAAM: Rozanne Terblanche
TEL: 060 750 6589
ID NR: 810226 0045 089
WOONADRES: Por 43 Moordkuyl 38, Groot Brak, 6525
WERKADRES: Por 43 Moordkuyl 38, Groot Brak, 6525
BEROEP: Self-employed

VERKLAAR IN AFRIKAANS ONDER EED:

Die plaas waar ons bly is onder twee addresse maar dis een plaas. Dis geleë tussen Groot Brak en Kleinbrak. Por 43 Moordkuyl 38 of 1 Kleinvlei Farm 38, 43 RD. Altwee addresse verwys na 1 plaas.

2017-11-15

Ek is vertroud met die inhoud van die verklaring en begryp dit.
Ek het geen beswaar teen die aflegging van die voorgeskrewe eed nie.
Ek beskou die voorgeskrewe eed as bindend vir my gewete.

T Terblanche.
HANDTEKENING

Ek sertifiseer dat die verklaring deur my geneem is en dat die verklaarder erken dat ~~hy~~/sy vertroud is met die inhoud van die verklaring en dit begryp Hierdie verklaring is voor my beëdig/~~bevestig~~ en die verklaarder se handtekening/~~merk/duimafdruk~~ is daarop aangebring te GROOT BRAKRIVIER
OP 2017/11/15 OM 15 : 00

7173922-0
Kopo
KOMMISSARIS VAN EDE

RANG: CST.

Kabelo NTOPO
VOLLE VOORNAME EN VAN

SAPD, LANGSTRAAT 113, GROOT BRAKRIVIER

STATION COMMANDER
2017-11-15
STATION COMMANDER
SOUTH AFRICAN POLICE SERVICE

MY OWNER

NAME
POSTAL ADDRESS
STREET ADDRESS
HOME PHONE
WORK PHONE
CELLPHONE
BREEDER DETAILS

ME

SPECIES: Feline
BREED: DSH
COLOUR: Black + White
SEX: Female
DATE OF BIRTH
MICROCHIP: 992003000408458
FEATURES/MARKS

NEXT VACCINATION DUE

DATE	DATE	DATE
16/2/2024		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
17/1/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: E48017 Ut. av./Exp.: 28/01-2025	N.N.

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947). **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act36/1947), **Nobivac® Tricat Trio** (Reg. No. G3712 Act 36/1947), **Nobivac® Rabies** (Reg. No. G2207 Act 36/1947), **Quantel® Tablets** (Reg. No. G2717 (Act 36/1947) Contains Praziquantel (isoqinoline) 50 mg/tablet and Fenbendazole (benzimdazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. **Exitel Plus XL** (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel 525 mg. **Bravecto®** (Reg. No. G4083 Act 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

MSD Animal Health

Find us on facebook.

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT
17/1/24	Triworm		

RABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa on condition that:

1. It accompanies the animal;
2. Property of origin is free from quarantine restrictions imposed for rabies control purposes;
3. The rabies vaccine immunity is valid;
4. The certificate was signed in the space below to confirm that the condition in 2 and 3 were met before the intended movement.

DATE

BY VETERINARIAN

SIGNATURE PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE

DATE

DOCTOR'S NAME

PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NON-211200001

VACCINE RECORD CARD

PET'S NAME

MY VET

GARDEN ROUTE SPCA
MOSSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grspca.co.za

Consulting Hours
Monday & Wednesday: CLOSED
Tuesday & Thursday: 9:00 to 11:00 and 15:00 to 16:00
Friday – 12:00 to 16:00
Saturday, Sunday & Public Holidays: Closed

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0057 DATE: _____

Contract

between Mosselbay SPCA

and

Name R. Terblanche

Address 1 Kleinvlei plaas, Friemersheim

Telephone Numbers (H) (B) 060 559 8668

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Willow Sex Female Age 2 months

Description DSH - white, grey ears

On (due date) April 2024 Adoption Form No. MBY 0057

Rec No Date of Rec

on the understanding that you will arrange to have this done at the

_____ Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or Clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED**. The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: * _____ For SPCA: _____

BackHome®

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER * TOP COPY - Practice Copy

992003000408458

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No * 0605598665

Only mobile numbers in South Africa and Namibia will be receiving SMS notifications.

E-mail * rozannedup@gmail.com

Title * MRS Initials * R. Surname * TERBLANCHE

Street 1 Kleinulei plaas City

Suburb Area Code FRIEMERSHEIM

Country Province WESTERN

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

Title * Initials * Surname *

E-mail *

CHIP DETAILS

Registration Date * - -

Date of Implant * 17 - 01 - 2024

Was the Microchip implanted by this veterinary practice? x Yes No

Name of Person who implanted the Chip NDYEBO NGQELE

PET DETAILS

Pet Name WILLOW Year of Birth 2023

Species * DSH FELINE Breed * DSH

Colour WHITE, GREY EARS Markings

Gender Male (Female) Sterilised Yes (No)

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

Medical Insurance Phone

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registartion Number

Pet Registered Name

PROTECTION OF PERSONAL INFORMATION LAW

The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said veterinarian and / or it's office to bring about this agreement between the client and the veterinarian. The client further agrees that the veterinarian may forward his / her personal information to VIRBAC (Supplier of the Chip), in order for Virbac to lodge the clients personal information on their database for tracking purposes. The client also agrees that where other relevant institutions need to trace a lost animal, and they use that code on Virbac's website they will be given the personal information of the owner of said animal. The client also agrees that his / her personal information may be used by Virbac to forward him / her a Newsletter as well as to send him / her general information concerning pets. The client acknowledges that he / she has a right to object to the processing of its personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ and Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE * R Terblanche

REGISTRATION PROCESS - Please use one of the following option to register on the backhome database

1 On-line Log onto www.backhome.co.za. Complete the registration process.

2 By fax Fax this completed form to BackHome on 0800 222 546 (TOLL FREE) or 0864 570 463.

IRREGULAR ALTERATION OR FORGERY

MOSSELBAAI MUNISIPALITEIT
BESTUURDERSLISENSIE AFDELING
16 -08- 2023
DRIVING LICENCE DEPARTMENT
MOSSEL BAY MUNICIPALITY

TDL(5)(2005/11) No 60150000255F TDL

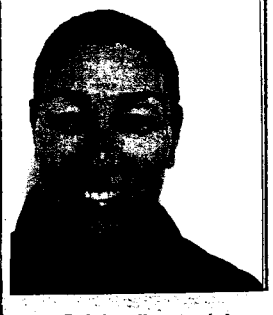
TEMPORARY DRIVING LICENCE/PR. DRIVING PERMIT
(National Road Traffic Act, 1996)

TYDELIKE BESTUURSLISENSIE/PR.BESTUURSPERMIT
(Nasionale Padverkeerswet, 1996)

Republic of South Africa

Republiek van Suid-Afrika

PARTICULARS OF HOLDER		BESONDERHEDE VAN HOUER
Restrictions on driver (if any)	0	Beperkings op bestuurder (indien enige)



Type of identification/Soort identifikasie
RSA ID document / RSA ID dokument

Identification number/Identifikasienommer
8102260045089

Country of issue/Land van uitreiking
South Africa / Suid-Afrika

Initials and surname/Voorletters en van
R TREBLANCHE

Date of issue/Datum van uitreiking
2023-08-16

Driving licence testing centre/Bestuurslisensietoetssentrum
MOSSEL BAY MUNICIPALITY

Driving licence(s) Code/Kode	Date/Datum	Bestuurslisensie(s) Restr./Bep.
B	1999-12-20	0

DECLARATION[1]

I declare that the licence in respect of which the particulars are reflected alongside,
(i) has not yet come into my possession*,
(ii) was stolen/lost/defaced/destroyed*,
that all particulars submitted by me are true and correct and I realise that a false declaration is punishable with a fine or one year imprisonment or both.

VERKLARING[1]

Ek verklaar dat die lisensie ten opsigte waarvan die besonderhede langsaan verskyn,
(i) nog nie in my besit gekom het nie*,
(ii) gesteel/verlore/geskend/vernietig* is, dat alle besonderhede wat deur my verskaf is waar en korrek is en ek besef dat 'n vals verklaring strafbaar is met 'n boete of een jaar gevangenisstraf of beide.

Driver restrictions
Bestuurderbeperkings

0 None/Geen
1 Glasses/Contact lenses
Bril/Kontaklense
2 Artificial limb
Kunsledemaat

Vehicle restrictions
Voertuigbeperkings

0 None/Geen
1 Automatic transmission
Outomatiese transmissie
2 Electrically powered
Elektries aangedrewe
3 Physically disabled
Liggaamlik gestrem
4 Bus > 16 000kg (GVM) permitted
Bus > 16 000kg (BVM) toegelaat
5 Tractor/Trekker
7 Industrial vehicle/Industriële voertuig

Category(ies) and expiry date of PrDP — and/en — Kategorie(ë) en vervaldatum van PrBP

I confirm that I am conversant with the content of the declaration[1]. — Ek bevestig dat ek vertroud is met die inhoud van die verklaring[1].

Signature of holder _____ Handtekening van houer

Valid for 6 MONTHS from date of issue — **Geldig vir 6 MAANDE vanaf uitreikingsdatum**

RECEIPT		KWITANSIE
Receipt number	60150004P0J3	Kwitansienommer
Total amount received	R45.00	Totale bedrag ontvang
Date	2023-08-16	Datum
Received by	U JOKWANA	Ontvang deur

6015 2023-08-16 08:30:58

BU 2791275 Z 579

Left thumb imprint of the person whose particulars are reflected alongside.

Linkerduimafdruk van persoon waarvan die besonderhede langsaan verskyn.

ONREGMATIGE VERANDERINGS OF VERVALSINGS