R850

ADOPTION CHECKLIST

ADMISSION NO: MBY 3915

CONTRACT NO: MA 00066T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterillization Contract Done 07/11/24.
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 18/11/24 992003000356059

Adoptee INFO:

Name & Surname: Lezanne Coetzee

Contact INFO: 0730132454

Completed by: _____ Date: 08/11/2024

Manager: _____ Date: 08/11/2024

FUTURE POST HOME INSPECTION (every 6 Months)	
Date of Inspection	Date of Inspection

This checklist must be completed and attached to the front of every adoption that has been processes.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

ADMISSION, ASSESSMENT AND HISTORY RECORD loaded.

DBV SPCA
Garden Route

KENNEL No.	27 18			ADMISSION No.	MBY3915	
Stray	Surrender X	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	28/10/24	NA	Time in	10h55	Date for release	NA

IDENTIFICATION & LOST AND FOUND	Lost & Found checked	Yes / No	Lost & Found Date checked	None
Microchip/Collar or ID tag found	Yes / No X	Date scanned or checked	None	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

Dog X1	Cat	Other species (Specify)	10kms
Breed	Rotti X	Colour and Markings	Black Brown
Condition	Fair	Sex Male	Age 1 Months
Temperament	Fair	Sterilisation details None	Name Brandy
Coat Short	Tail Short	Teeth Condition Fair	Ears up	Size Small
Area found / collected from	Island View		Date 28/10/24
Reason for surrender			

ASSESSMENT

GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	**Yes**	**No**
Jump Fences		
Run Away		

COMMENTS:

Surrendered by / Found by	Name	Lezanne			
Residential Address	13 Lefebvre Street, Island View Mossel Bay				
Postal Address	6500				
Tel (H) None	Tel (W) None	Cell 0733132454			
Email	None				
Donation R None	Cash	Card	EFT	(Receipt No.) None	

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: None Case No: None Inspector: Wally

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 uitdrukiik ooreengekom dat nog die DBV nog sy amptenare, 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: _____

CONDITIONS / VOORWAARDES

1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.

2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike diskresie met dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging to bewerkstellig.

2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase Bottle No: _____ Quantity used: _____ AWA: _____

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____

Residential Address: _____

_____

Tel No (h): _____ Tel No (w) _____ Cell No: _____

Postal Address: _____

E-mail Address: _____

Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____

ID/Passport No: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____

Microchip / Collar and ID tag given | Yes | Microchip / 992003000356059

Date 07/11/24

MEDICAL RECORD

Date	Remarks	Treatment	Cost

PTS APPROVAL

NAME	SIGN

Brandy.

MA00066T

992003000356059

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

The following documents to be attached: - ID, proof of residence, proof that pets are allowed.

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Ms Lezanne Coetzee

HOME ADDRESS: 13 Lefebure street Island View Mossel bay ID NO.: 8312210189081

POSTAL ADDRESS:

TEL NO (H): (B):

CELL NO: 0730132454 FAX NO:

E-MAIL: lezanne.coetzee@icloud.com

Address where animal will be kept: 13

Reason for wanting an animal: adoption my puppy back

Occupation: Teacher

Do you own or rent your property: Rent Do you have consent from owner / Body Corporate?

Are you a student with consent to keep pets? YES/NO

Reason for wanting an animal:

Is the animal for yourself? YES/NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO
What breed of dog or cat are you interested in?

Can you afford private veterinary fees? Yes Who is your vet? Heiderand

How many animals live on your property DOGS 1 CATS 1 OTHER

What are the sexes of your animals? DOGS: Male Female ✓ CATS : Male ✓ Female

Are all your animals sterilised? Give details No, female will be sterilised in December

How many dogs and cats have you owned over the past 3 years? DOGS 1 CATS OTHER

Which animals do you still have, and what happened to the others? one dog

Is your property fenced and has a proper gate? Yes Will you chain/cage an animal? No

Full description of the fencing and gate: Height:

What shelter is provided : OUTDOORS KENNEL OTHER X

Have you previously had pets from an SPCA? X Are there children under the 10 years in your household? X

Pre Home Inspection Fee: R100.00 Receipt No.: MBY 4736.

Declaration: The above information is true and correct
I confirm that I have never been convicted nor charged with cruelty or neglect of any animal.

SIGNATURE OF APPLICANT Coetzee **Date of application** 05/11/2024

PRE HOME NO: MPRE 026

ADMISSION NO: MBY3915

MA000667

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030003560 59

PASSED: YES / NO DATE UNDERTAKEN: 6/6/24 TIME: 14H47

NAME OF APPLICANT: Lezanne Coetzee

ADDRESS: 13 Lefeloupe Street, Island View

HOME TEL No: _____ CELL No: 0730132454

ANIMAL(S) ADOPTING: Dog - X breed

SEX: Male AGE: Puppy

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		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?	Gate
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: None	
Does applicant live at the address?	YES ☑ / NO ☐	How many animals are on the property?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	J.R.				
CONDITION	Good.				
WELFARE (good?)	Good.				
SEX & AGE	F. 13y.	1	1	1	1
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: Thembeka SPCA: _____ SIGNATURE: [signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION No.
TOELATINGSNR. MBY 3915

ADOPTION CONTRACT

MA00066T

Garden Route

DOG / CAT	Breed	Male / Female	
Microc	992003000356059		

This an... ...ef that it will receive 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.

UITPLASINGSKONTRAI

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 veeartsenykundige 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 vir 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): Lezanne Coetzee

HOME ADDRESS
WOONADRES: 13 Lefebvre, Island view

ID/PASSPORT No.:
ID/PASPOORT Nr.: 8312210189081

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

(B):
(W):

CELL No:
SELFOON Nr: 0730132454

FAX No:
FAKS Nr:

E-MAIL:
E-POS. lezanne.coetzee@icloud.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. MBY4749

VEHICLE REG No.
VOERTUIG REG Nr. CBS 57785

VEHICLE MAKE:
VOERTUIG MAAK: hi kundy

COLOUR:
KLEUR: White

SIGNATURE
HANDTEKENING: Coetzee

WITNESS FOR SOCIETY:
GETUIE VIR VERENIGING:

DATE / DATUM:

DEWORMING SCHEDULE
ONTWURMINGSKEDULE

Date · Datum	Treatment · Behandeling
24/08/24	Milpro Puppy

Regular deworming is essential for the continued health of your pet
Gereëlde ontwurming is noodsaaklik om u troeteldier gesond te hou

STERILISATION/CASTRATION CERTIFICATE
STERILISASIE/KASTRASIE SERTIFIKAAT

This is to certify that the animal described on page 1
Hiermee word gesertifiseer dat die dier beskryf op bladsy 1

was sterilised on: / *gesteriliseerd is op:* 07/11/2024.

by Dr: / *deur Dr:* A.S. Muller.

Veterinarian's Signature: / *Handtekening van Veearts:* (BVSc)

RECORD OF VACCINATION
for Dogs and Cats

REKORD VAN INENTING
vir Honde en Katte

Pet's Name · *Troeteldier se naam*

Braindy

Practice details · *Praktyk se besonderhede*

HARTENBOS
DIEREHOSPITAAL
Dr. Frans de Graaff
Sr Stefanie de Graaff
Boekenhoutlaan, Hartenbosheuwels, 6520
Tel: 044 695 1086 | **Cell: 084 620 3139**

Consulting Hours:
Monday – Friday: 08h00 – 12h00 & 14h00 – 17h00
Saturday: 09h00 – 12h00

CLOSED ON SUNDAYS AND PUBLIC HOLIDAYS

Virbac RSA (Pty) Ltd
(Reg. No. 1990/003743/07)
Private Bag X115
Halfway House 1685
Republic of South Africa

Tel: (012) 657-6000
Fax: (012) 657-6067

Virbac

Pet's Name · *Troeteldier se naam*

Brandy

Date of birth · *Geboortedatum*

± 21 July 2024

Male *Manlik*	X	**Female** *Vroulik*	
Dog *Hond*	X	**Cat** *Kat*	

Colour · *Kleur*

Black, Brown and White

Breed · *Ras*

\

Microchip type & number · *Mikrovlokkiesoort en nommer*

\ 9920030003560 59

Tattoo position & number · *Tatoeëerposisie en nommer*

\

Distingúishing features · *Onderskeidende kenmerke*

\

Name of owner · *Naam van eienaar*

Lezanne

Physical address · *Fisiese adres*

13 Lefebvre Island View
Mossel bay

Date *Datum*	**Vaccine Name & Batch No.** *Naam & Lotnr. van Entstof*	**Signature of Veterinarian** *Handtekening van Veearts*	**Next Vaccination Date.** *Volgende Inentingsdatum*
24/08/24	Canigen® DHPPi Virbac LOT: 95B9 Exp. FEB 25 1.7kg		24/09/24
28/09/2024	Nobivac DHPPi Batch: A774E01 Exp: 02-2026 NOBIVAC® L6 Batch: A361A01 Exp.: 11-2024 5,2kg		28/10/2024
30/10/24	35210R3 Rabisin + DHPPi Ser.: 0231160360 Exp.: 07-APR-2024 22-OCT-2026 Boehringer Ingelheim RABISIN R 924507 Lot/Batch: Ut. av./Exp.: F48436 27/04-2026	Spot	oct 2025

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000356059

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. * 073 013 2454

Only mobile numbers in **South Africa, Botswana** and **Namibia** will be receiving SMS notificat

E-mail * lezanne.coetzee@icloud.com

If possible, please provide a personal email, not a company email.

Title * MS Initials * L. Surname * COETZEE

Street 13 Lefebvre Str City

Suburb Lefebvre Area Code ISLAND VIEW

Country Province

Phone - Day time Phone - Night time

OTHER CONTACTS

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

Title * Initials * Surname *

Cell No. *

CHIP DETAILS

Registration Date * 18 - 11 - 2024

Date of Implant * 07 - 11 - 2024

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Brandy

Date of birth 2024

Species * CANINE

Breed * ROTTI X

Colour BLACK + BROWN

Markings

Gender (Male) Female

Sterilised (Yes) No

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes No

KUSA Registration Number

Pet Registered Name

MEDICAL

Medical Conditions

Medical Insurance Company

Medical Insurance Policy Number

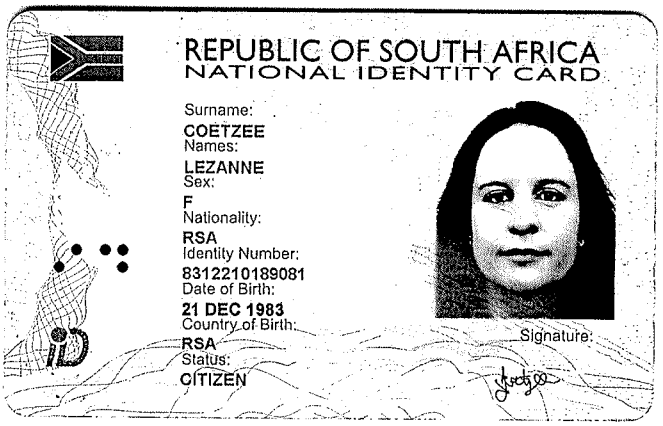
Medical Insurance Phone

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 saic 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 informatior 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 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 informatio 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 personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ Virbac RSA (Ltd) Pty for the above-mentioned purposes. SIGNATURE _____

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 011 852 6364
3. By e-mail	Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
COETZEE
Names:
LEZANNE
Sex:
F
Nationality:
RSA
Identity Number:
8312210189081
Date of Birth:
21 DEC 1983
Country of Birth:
RSA
Status:
CITIZEN

Signature:

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
22 NOV 2017

12444

105413617

Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

REKENINGNOMMER:	**52-018907-003-3**
DATUM VAN REKENING:	**25/09/2024**
LAASTE KWITANSIE DATUM:	**23/09/2024**
VOORAFBETAALDE METERNOMMER:	**07601641926**

Naam:
KILIAN L
Liggingsadres:
13 LEFEBVRESTRAAT ISLAND VIEW
BELASTING FAKTUUR MAANDELIKSE REKENING

DIENSTE DEPOSITO:	ERF NOMMER:	TOTALE WAARDASIE:	WYK No:
1020.00	**18907000**	**1825000**	**7**

DATUM	BESONDERHEDE	LESINGDATUM: 16/08/24			BEDRAG
		BALANS OORGEBRING			1988.56
19/09/2024	0760164192	ELEKTRISITEIT			451.54 *
		BASIES		392.65	
		VAT/BTW		58.89	
19/09/2024	AMR1206586	WATER 17/07/2024-16/08/2024			341.35 *
		925 - 937 (12 Kl 30 Dae)			
		BASIES		237.63	
		07/24 5.92 @	0.000 =	0.00	
		. 6.08 @	9.737 =	59.20	
		VAT/BTW		44.52	
19/09/2024	300007	VULLIS			299.64 *
19/09/2024	400007	RIOOL			335.43 *
19/09/2024		BELASTING PAAIEMENT			581.82
		KWITANSIES			1988.00 -
		Balans Oorgedra			0.34 -
	BTW OP '*' ITEMS:	186.24	ACB TOT:	0.00	

KREDIET	60 DAE	30 DAE	LOPEND	Amount Due
0.00	0.00	0.00	2010.34	**2010.00**

BETALINGS MOET OP OF VOOR DIE VERVALDATUM GEMAAK WORD	BETAALBAAR OP	BEDRAG BETAALBAAR
	15/10/2024	**2010.00**

VAT No. / BTW Nr. 4630118370

101 Marsh Street
Private Bag X 29
MOSSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank

PREDEFINED BENEFICIARY.
MOSSEL BAY MUNICIPALITY

Verwys. Nr.: 520189070033

EasyPay >>>>>9152652018907003331

pay@

11379 520189070033

Message / Boodskap

Standard Bank is now the Primary banker for the **MOSSEL BAY MUNICIPALITY.**
Municipal customers, service providers, members of the public and various stakeholders are therefore informed of the new banking partner for the MOSSEL BAY MUNICIPALITY.
The municipality has been added as a predefined beneficiary on the Bank Directory.

SOUTH AFRICA
Permit Mail
P4010395

Mossel Bay
MUNICIPALITY

KILIAN L
LEFEBVRESTRAAT 13
ISLAND VIEW
6520

520189070033

Fold and tear on perforation

BELANGRIKE KENNISGEWING

Hierdie rekening word ooreenkomstig die Raad se toepaslike beleid gelewer.

SPERDATUM:

Rekeninge is betaalbaar wanneer gelewer. Die sperdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onvereffen is na die vervaldatum is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

METODES EN PLEKKE VAN BETALING:

1. POSORDERS moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skulde(ongeag watter tipe diens), waarna dit in vooraf bepaalde prioriteitsvolgorde toegewys sal word.
3. **Betalings kan soos volg gemaak word:**

3.1 by enige van die MUNISIPALE KANTORE Maandae tot Vrydae (vakansiedae uitgesluit) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nonqaba kantore).

3.2 by enige PICK n PAY, SHOPRITE, CHECKERS of SPAR winkel. Let wel dat minstens 48 uur toegelaat moet word vir die verwerking van alle derde party betalings.

3.3 deur direkte BANK- en/of ELEKTRONIESE BETALINGS by **STANDARD BANK** waar Mosselbaai Munisipaliteit as begunstigde gegee word. U rekeningnommer moet as verwysing gebruik word.

3.4 deur outomatiese BANKAFTREKKINGS. Vorms hiervoor is beskikbaar by enige van die Munisipale kantore.

RENTE:

Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehef word.

OPSKORTING VAN DIENSTE:

Die toevoer van dienste mag, indien enige bedrag na die sperdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersien word en toeslag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongeag of die toevoer fisies gestaak is al dan nie.

REKENINGE:

Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangevra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

BEËINDIGING VAN DIENSTE:

Wanneer 'n perseel ontruim word moet die vertrekkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versuim hiervan sal tot gevolg hê dat die persoon aanspreeklik bly vir kostes gehef tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAG:

Waar 'n vooraf betaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstallig is, sal slegs eenhede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word terwyl die res van die bedrag teen die uitstaande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

DUE DATE:

Accounts are payable when rendered. The due date on the account is on applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and service may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. POSTAL ORDERS must be crossed and be made payable to Mossel Ba Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriate in order of a predetermined priority.
3. **Payments can be made:**

3.1 at any of the MUNICIPAL OFFICES from Mondays to Fridays (public holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nonqaba offices).

3.2 at any PICK n PAY, SHOPRITE, CHECKERS and SPAR shop. Please note that at least 48 hours should be allowed for processing of al third party payments.

3.3 by direct BANK - and/or ELECTRONIC PAYMENTS to **STANDARD BANK** using Mossel Bay Municipality as beneficiary. Your Municipal account number must be used as the reference number.

3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices.

INTEREST:

Interest will be levied on arrear accounts in terms of Council's policy.

SUSPENSION OF SERVICES:

The supply of services may be disconnected without any notice, if any amou is due after the expiry date. The deposit will simultaneously be revised and surcharge, as determined by council from time to time, will be added wheth the supply had been physically disconnected or not.

ACCOUNTS:

If no account has been received by the 10th of a month, a copy should l obtained from the Municipality. The account must at all times be produc when payments or enquiries are made.

TERMINATION OF SERVICES:

When premises are vacated, the consumer leaving such premises must gi the Municipality 15 day's written notice prior to leaving. Failing to do so will result in this person being held liable for any levies until the date a written notice is received.

PRE-PAID ELECTRICITY:

Where a pre-paid electricity meter is in use and any of the other services c the property is in arrears, only units to the value of a portion of the amou tendered will be issued, the rest of the amount will be allocated to the arre account. (The percentage of the division will be as determined by Coun from time to time)