

ADOPTION CHECKLIST

- ☒ Admission Form
- ☒ Application for adoption
- ☒ Pre-home Inspection Report
- ☒ Adoption contract
- ☒ Copy of Identity Document or Driver's License
- ☒ Proof of Residence
- ☒ Letter from Body Corporate
- ☒ Sterilization Contract and Date of sterilization Contract came in already done
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000356093

ADMISSION NO:

MBY2238

CONTRACT NO:

MBY 0100

Adoptee INFO:

Name & Surname Hennie Jansen

Contact INFO: 0731397330

Completed by: Kay leers

Date: 15/03/2024

Manager: 

Date: _____

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.



Garden Route

KENNEL No. <u>1718. K38</u>				ADMISSION No. <u>MBY2238</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in <u>5/03/24</u>		Time in		Date for release		

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>5/03/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>5/03/24</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	☒ Dog	☐ Cat	Other species (Specify) <u>B/I.</u>			
	Breed	<u>Yongie</u>		Colour and Markings <u>Black & Brown</u>		
	Condition	<u>Fair</u>		Sex	Age <u>adult</u>	
	Temperament	<u>Very friendly</u>		Sterilisation details	Name <u>Tango</u>	
	Coat	Tail	Teeth Condition	Ears <u>hang.</u>	Size <u>M.</u>	
	Area found / collected from <u>Ex 8.</u>					Date <u>05/03/24</u>
	Reason for surrender <u>Stray</u>					

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

Surrendered by	☒ Name	<u>Joepie Wessol</u>
Found by	☐	
Residential Address	<u>267 STADIUM ST.</u>	
	<u>Ex 8.</u>	
Postal Address	<u>No postal.</u>	
Tel (H)	Tel (W)	Cell <u>0826433377</u>
Email	<u>k1joepie@gmail.com</u>	
Donation R	<u>None</u>	Cash Card EFT (Receipt No.) <u>None</u>

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 /I DO NOT own the animal/s described above, that IT IS /IT IS NOT a stray and I DO /I 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 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 <u>Joepie Wessol</u>	Witness for Society <u>hjoepie</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

APPLICATION TO ADOPT AN ANIMAL

PLEASE NOTE: We retain the right to decline this application

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

NAME - Prof/Dr/Mr/Mrs/Ms (including initials): Hennie Jansen

HOME ADDRESS: 2 Barlow West Str, Heiderand

ID NO.: 420810 5017 086

POSTAL ADDRESS: _____

TEL NO (H): _____ (B): _____

CELL NO: 0731397330 FAX NO: _____

EMAIL: 005thuizen Suzette@yahoo.com

Address where animal will be kept: 2 Barlow west, Heiderand

Occupation: Pensioner

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

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

Reason for wanting animal: Older dog has died

Is the animal for yourself? YES/NO NO

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NO NO

What breed of dog or cat are you interested in? Yorkie

Can you afford private fees? Yes Who is your vet? Mbaai Dee kliniek

How many animals live on the property? DOGS? 1 CATS? _____ OTHERS _____

What are the sexes of your animals? DOGS: Male 1 Female _____ DOGS: Male _____ Female _____

Are all your animals sterilised? Give details N/A

How many dogs and cats have you owned in the last 3 years? DOGS? 1 CATS? _____ OTHER? _____

Which animals do you still have, and what happened to the others? Died old age

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

Full description of the fencing and gate: _____ Height: 1.2 M

What shelter is provided: OUTDOORS 1 KENNEL _____ OTHER _____

Have you previously had pets from an SPCA? Yes Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100 Receipt No: 1694

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

[Signature]

Date of application

12/03/24



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male/Female
Microchip and or ID Tag Number		
992003000356093		

This animal has been given to you in the firm and confident belief 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.

- I do hereby confirm and undertake that:
- I am over eighteen (18) years of age.
- All family members agree to the adoption and will abide by the conditions in the contract.
- 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.
- I will give the animal a fair chance to adjust to its new home.
- I understand that donations are not refundable or transferable.
- I will feed and house the animal to the Society's satisfaction.
- 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.
- I can afford the services of a private veterinary practitioner.
- I will ensure that vaccinations are kept up to date and in the case of injury or illness professional veterinary treatment will be provided.
- 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.
- I will ensure that the animal is sterilised as stipulated by the Society.
- 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.
- My property is adequately enclosed and at no time shall I knowingly allow my dog to roam the streets.
- I will notify the Society within forty-eight (48) hours should the animal die or go missing.
- I know and understand the "By-Laws pertaining to animals" of the Municipality in which I reside.
- 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.
- I will not use or allow the animal to be used as a watchdog on any industrial or commercial premises.
- 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.

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

HOME ADDRESS
WOONADRES: 2 Barlow west,
Heiderand.

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

CELL No:
SELFOON Nr: 0731397330

E-MAIL:
E-POS: oosthuizen Suzette@yahoo.com

ADOPTION FEE:
AANEMINGSVOOI: R750 cash / eft / card
kontant / eft / kaart

VEHICLE REG No.
VOERTUIG REG Nr: CBS 5912.

SIGNATURE
HANDTEKENING: [Signature]

DATE / DATUM: 15/03/24

ADMISSION No.
TOELATINGSNR.

MBY0100



Garden Route

UITPLASINGSKONTRAK

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.

- Ek onderneem en bevestig dat:
- Ek ouer as agtien (18) jaar is.
- Alle familieleden stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
- 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 onkoste 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 onkoste wat die DBV mag aangaan, insluitende die regskoste volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
- Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoon te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
- 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.
- Ek kan die dienste van 'n private veeartsnykundige bekostig.
- 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.
- 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).
- Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
- 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.
- My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
- Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verlore raak.
- Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
- 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.
- Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per geregistreerde 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 verwaarloos 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.

Hennie Jansen

ID/PASSPORT No.:
ID/PASPOORT Nr.: 420810 5017 086

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: 1702 KWITANSIE Nr
RECEIPT No.

VEHICLE MAKE:
VOERTUIG MAAK: VW T-CROSS COLOUR:
KLEUR: Wit

WITNESS FOR SOCIETY:
GETUIE VIR VEREEINGING: [Signature]



ADOPTION No

MBY 0095

ADMINISTRATIVE

PRE AND POST HOME INSPECTION FORM

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 13/03/24

TIME: 13:20

NAME OF APPLICANT: Hennie Jansen

ADDRESS: 2 Barlow West Str, Heideveld

HOME TEL No: CELL No: 0837224316

ANIMAL(S) ADOPTING: Yorkies x2

SEX: Female

AGE: 7 yrs

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION

Type of fence: <u>1.5m high</u>	Height of fence: <u>1.2m</u>
Any sign of Kennel/Shelter? 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					
SEX					
AGE					
STERILIZED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Coely people (see 1st page)
property safe

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ SMALL DOGS
☐ MEDIUM DOGS
☐ LARGE DOGS

- ☒ CATS
☐ EQUINE
☐ OTHER (specify) _____

INSPECTED BY: KurtSPCA: NassibaySIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



REPUBLIC OF SOUTH AFRICA

NATIONAL IDENTITY CARD

Surname:

JANSEN

Names:

HENDRIK ANDRIES

Sex:

M

Nationality:

RSA

Identity Number:

4208105017086

Date of Birth:

10 AUG 1942

Country of Birth:

RSA

Status:

CITIZEN



Signature:

A handwritten signature in black ink, appearing to read 'H. Andries Jansen'.

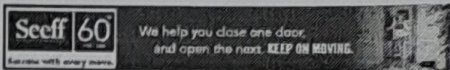
Account Statement

Heide Villas 2

01 January 2024 to 31 March 2024

Hendrik Andries Jansen

2 Heide Villas
Barlow street
Heiderand
Mossel Bay
Western Cape
6506



SEEFF MOSSEL BAY
35

Kaap De Goede Hoop Ave.
Hartenbos
6520

0446904477

anadia.deacon@seeff.com

Created on 15 March 2024

Date	Ref	Description	VAT	Billed	Paid	Balance
2024-01-01		Opening balance brought forward				0.00
2024-01-01	21430742	Rent for January 2024	0.00	8 100.00		8 100.00
2024-01-01	21558445	Payment Received 2024-01-01	0.00		8 100.00	0.00
2024-02-01	22105468	Rent for February 2024	0.00	8 100.00		8 100.00
2024-02-01	22456478	Payment Received 2024-02-01	0.00		8 100.00	0.00
2024-03-01	22943732	Rent for March 2024	0.00	8 100.00		8 100.00
2024-03-01	23294153	Payment Received 2024-03-01	0.00		8 100.00	0.00
Balance Due						0.00

Lease Summary		Account Balance Summary	
Lease End Date	2024-08-31	Total	0.00
Current Rent	8 100.00		
Deposit Balance	9 074.14		
Interest Earned	389.38		
SEEFF MOSSEL BAY BANK ACCOUNT			
Bank	ABSA		
Branch Code	632005		
Account	4107706242		
Payment Reference	SMB0247		

NAME

POSTAL ADDRESS

STREET ADDRESS

HOME PHONE

WORK PHONE

CELLPHONE

BREEDER DETAILS

ME

SPECIES

BREED

COLOUR

SEX

DATE OF BIRTH

MICROCHIP

FEATURES/MARKS

NEXT VACCINATION DUE

DATE	DATE	DATE
15/3/25		

DATE	VACCINE AND BATCH	VET SIGNATURE
15/3/24	 RABISIN R Lot/Batch: 924507 Exp. date: 28/01-2025	N-N
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

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 Act 36/1947), **Nobivac® KC** (Reg. No. G2604 Act 36/1947), **Nobivac® Canine-1 DAPPV** (Reg. No. G3892 Act 36/1947), **Nobivac® Feline-HCP** (Reg. No. G3880 Act 36/1947), **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 (isoginoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. **Exitel Plus** (Reg. No. G4226 Act 36/1947) Contains Praziquantel 50 mg, Pyrantel 50 mg (equiv 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.



Nobivac
VACCINES FOR DOGS AND CATS



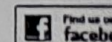
Quantel
DEWORMER FOR DOGS AND CATS

Exitel Plus

DEWORMING FOR HAPPIER HEALTHIER DOGS

Exitel Plus XL

Bravecto
12 WEEK TICK & FLEA PROTECTION



facebook.com/Bravecto
facebook.com/Msd

[illegible]

Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07

Saturday, Sunday & Public Holidays: Cl



Exitel Plus Exitel Plus XL

DEWORMING FOR HAPPIER HEALTHIER DOGS

NOTE TO MY OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3



Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3

DOCTOR'S NAME

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07

Saturday, Sunday & Public Holidays: Closed

BackHome®

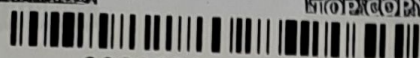


* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP



992003000356093

STOP COPY - Practice Copy

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cel No. * 0731391330

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

E-mail * Oosthuizen Suzette@yahoo.com

Title * MR

Initials * H

Surname * JANSEN

Street 2 Barlow STR

City

Suburb

Area Code

HEIDERABAD

Country

Province

WESTERN CAPE

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 * 15 - 03 - 24

Was the Microchip implanted by this veterinary practice? Yes No

Name of Person who implanted the Chip

PET DETAILS

Pet Name

Year of Birth

Species * DOG

Breed * Yorkie

Colour Brown + Black

Markings

Gender ☒ Male ☐ Female

Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

MEDICAL

Are you a KUSA Registered Member? Yes No

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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 said Veterinarian and / or its 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 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.

or call the BackHome team on 0800 222 546 (TOLL FREE) or 0864 570 463.