ADOPTION CHECKLIST

ADMISSION NO: MBY 2639

CONTRACT NO: MBY 0090

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 28/05/24 DR MULLER
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000408410

Adoptee INFO:

Name & Surname Jillian Goode

Contact INFO: 063668 0093

Completed by: Kay Levers Date: 30/05/24

Manager: Date: 30/05/24.

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.	KZT 35 (K42)			ADMISSION No.	MBY2639	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	24/04/24	MH	Time in	12:00	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	X Yes / No	Lost & Found Date checked	24/04/24
Microchip/Collar or ID tag found	Yes / X No	Date scanned or checked	24/04/24	Microchip or ID Tag number	None	

DESCRIPTION & HISTORY					
Dog	Cat	Other species (Specify)			
Breed	African	Colour and Markings	Cream Tan		
Condition	Good	Sex	Female	Age	Juvenile
Temperament	friendly	Sterilisation details	None	Name	
Coat	thin	Tail Short	Teeth / Condition good	Ears up	Size	Small
Area found / collected from	Jo Slovo			Date	24/04/24
Reason for surrender	Stray				

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

Surrendered by / Found by	✓	Name	Kurt Lewis
Residential Address	SPCA Please will correct		
	Jo Slovo		
Postal Address	none		
Tel (H)	none	Tel (W)	none
Cell	072 517 7740		
Email	none		
Donation R	none	Cash	Card	EFT	(Receipt No.) none

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: none Case No: none Inspector: KURT

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	KURT KEWLEY	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: _____

GARDEN ROUTE SPCA
MOSSELBAY

KENNEL /CAGE #	K27	DATE	
CARD #	MB1 2639	BREED	
COLOUR		STRAY/SURRENDER	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	

GENERAL HEALTH CHECK			
EARS	~~NAD~~		
EYES	~~NAD~~		
TEETH	~~NAD~~		
NOSE	~~NAD~~		
LUNGS	~~NAD~~		
HEART	~~NAD~~		
ABDOMEN	~~NAD~~		
HIP	~~NAD~~		
SKIN&COAT	~~NAD~~		
FIT FOR ADOPTION	YES	NO	
COMMENTS:			

ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: (YES) / NO DATE UNDERTAKEN: 25/5/24 TIME: 13:10

NAME OF APPLICANT: Jillian Caroline Goode

ADDRESS: 57 Macra Street, Dana Bay

HOME TEL No: CELL No: 0636680093

ANIMAL(S) ADOPTING: Dog - Africanus

SEX: Female AGE: 4 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Bricks & Slap		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? 2	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Cat	Bird			
CONDITION	Fair				
WELFARE (good?)	Fair				
SEX & AGE	Female / 7	/	/	/	/
STERILISED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Property pass day good to go to lovable owner.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

- ☒ **CATS**
- ☒ **MEDIUM DOGS**
- ☒ **SMALL DOGS**
- ☐ **LARGE DOGS**

INSPECTED BY: Wally Wagenaar **SPCA:** MBay/SPCA **SIGNATURE:**

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

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 months when I'm older are very important for keeping me healthy!

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 [signature] DVa

DATE 28/5/24

DOCTOR'S NAME Dr. S. Muller

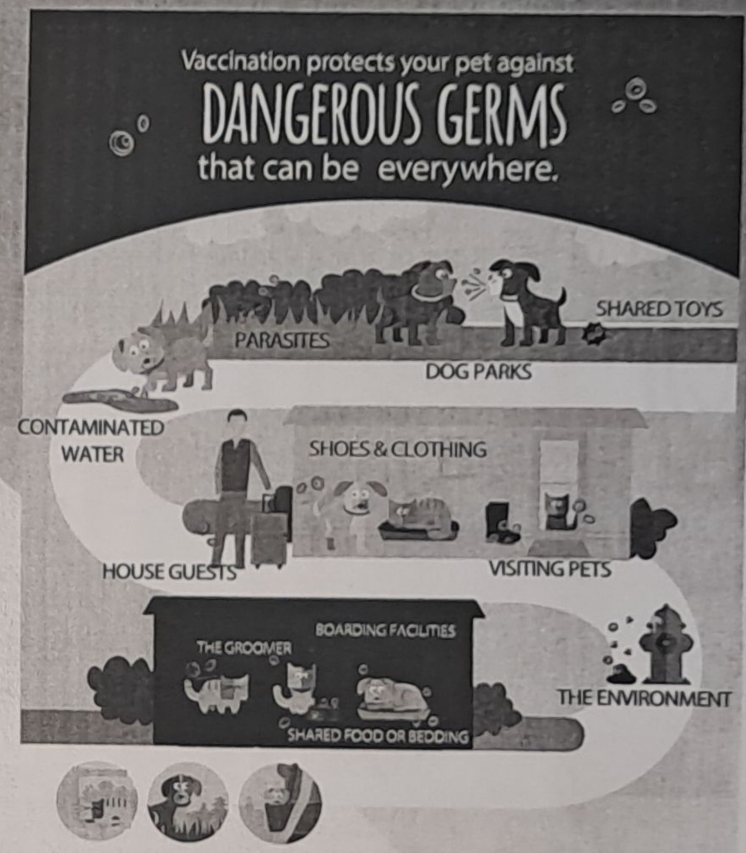
GARDEN ROUTE SPCA
PO.BOX 258
GEORGE 6530
TEL: 044 693 0824 / 072 281 1761

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-NOV-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

MY OWNER

NAME	Jillian Caroline Goode
POSTAL ADDRESS	
STREET ADDRESS	57 Macra Street
HOME PHONE	
WORK PHONE	
CELLPHONE	0636680093
BREEDER DETAILS	

ME

SPECIES	Canine
BREED	Afrikaner
COLOUR	Cream + Tan
SEX	Female
DATE OF BIRTH	March 24
MICROCHIP/TA	992003000408410
FEATURES/M	

NEXT VACCINATION DUE

DATE	DATE	DATE
28/5/24		

MSD Animal Health

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
29/4/24	Sar: 02131785B Exp: 21FEB25	AWA
20/5/24	Sar: 02131791B Exp: 30APR25	AWA
28/5/24	Boehringer Ingelheim RABISIN R 924507 Lot/Batch: UL av./Exp.: L493665 31/03-2024	EBell DVM
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	
	MSD Animal Health	

I WAS VACCINATED ON

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	

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.

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000408410

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 * FR 14 / B019

Vet Practice Name * SPCA VETROOM MOSSELBAY

Vet Practice Phone - Daytime * 044 6930824

PET OWNER INFORMATION

Cell No. * 0636680093

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

E-mail * Jillig57@gmail.com

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

Title * MRS Initials * JC Surname * GOODE

Street 57 MACRA City

Suburb Area Code MANABAY

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 * __ - __ - ____

Date of Implant * 30 - 05 - 2024

Was the Microchip implanted by this veterinary practice? Yes No

Name of Vet who implanted the Chip NdyebONggele

PET DETAILS

Pet Name PENNY

Species * DOG

Colour TAN

Gender Male ✓Female

Date of birth 2024 Y M D D

Breed * AFRICANUS X

Markings

Sterilised X 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 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 _____

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
4. By App — Download the Virbac Backhome Africa App

ADMISSION No.
TOELATINGSNR.

MBY0090

DBV SPCA Garden Route

ADOPTION CONTRACT

[✓ DOG] / CAT	Breed	Male/[✓ Female]	
Microchip and or ID Tag	992003000408410		

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

DBV SPCA 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.

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): Jillian Caroline Goode

HOME ADDRESS
WOONADRES: 57 Macra Street

ID/PASSPORT No.:
ID/PASPOORT Nr.: 5811030102086

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

(B):
(W): ______

CELL No:
SELFOON Nr: 063668 0093

FAX No:
FAKS Nr: ______

E-MAIL:
E-POS. Jillig57@gmail.com

ADOPTION FEE:
AANEMINGSVOOI: R750

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE: ______

KWITANSIE Nr
RECEIPT No. 3449

VEHICLE REG No.
VOERTUIG REG Nr. CBS 74556

VEHICLE MAKE:
VOERTUIG MAAK: Landrover

COLOUR:
KLEUR: Green

SIGNATURE
HANDTEKENING: [illegible]

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [illegible]

DATE / DATUM: 30/05/24

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): JILLIAN CAROLINE GOODE

HOME ADDRESS: 57 MACRA STREET

DANA BAY ID NO.: 063 668 0093 CELL

POSTAL ADDRESS: 5811030102086 ID.

TEL NO (H): (B): 082 7186366 ROB CELL

CELL NO: 0636680093 FAX NO:

EMAIL: JILLIG57@gmail.com

Address where animal will be kept: 57 MACRA STREET DANA BAY

Occupation: RETIRED

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

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

Reason for wanting animal: COMPANION

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? ANY

Can you afford private fees? YES Who is your vet? DANA BAY HENK BASSON

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

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

Are all your animals sterilised? Give details YES

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

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

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

Full description of the fencing and gate: BRICK + FRONTWOOD Height: 1.75m

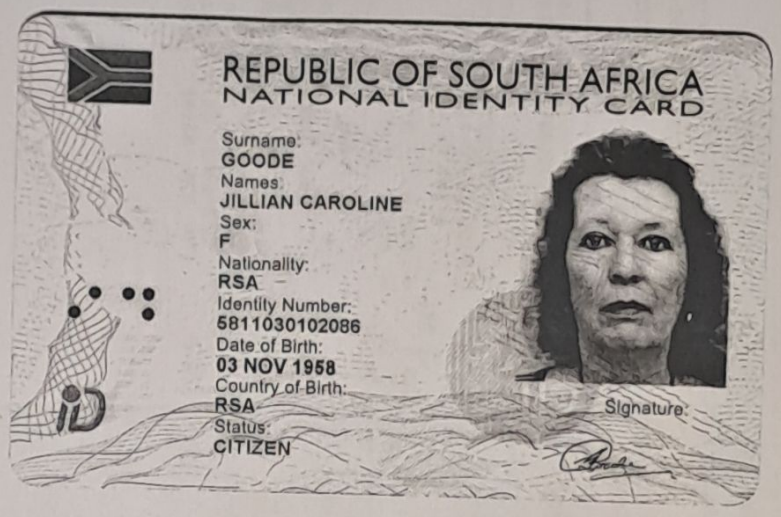
What shelter is provided: OUTDOORS KENNEL OTHER INSIDE OUR HOUSE

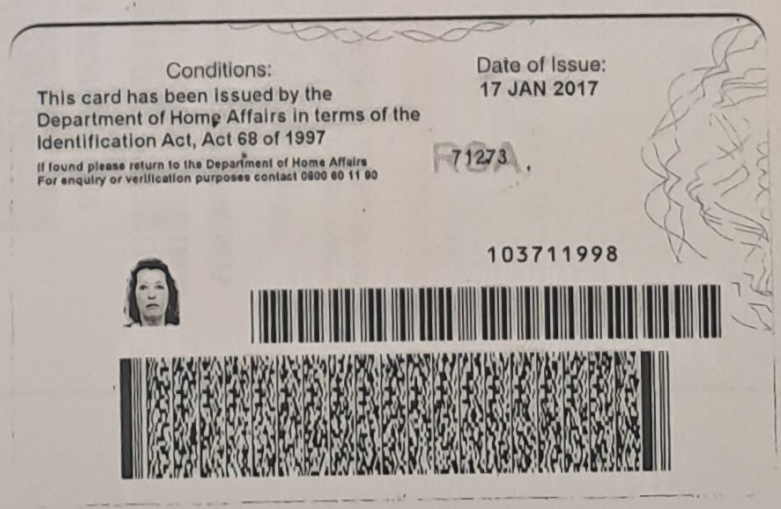
Have you previously had pets from an SPCA? YES Are there children under 10 in your household? NO

Pre Home Inspection Fee: R100- Receipt No: 3427

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 Goode **Date of application** 23 MAY 2024


REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD
Surname:
GOODE
Names:
JILLIAN CAROLINE
Sex:
F
Nationality:
RSA
Identity Number:
5811030102086
Date of Birth:
03 NOV 1958
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:
17 JAN 2017
RSA
71273
103711998

Vou en skeur af.

SOUTH AFRICA
Permit Mail
P4010395

MOSSEL BAY MUNICIPALITY
MOSSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

Mossel Bay MUNICIPALITY

ACCOUNT NUMBER:	86-008048-005-5
DATE OF ACCOUNT:	23/05/2024
LAST RECEIPT DATE:	22/05/2024
PREPAID METER NUMBER:	01348842921

Name:
GOODE JC & DU PREEZ R
Street Address:
57 E MACRASTRAAT DANABAAI
TAX INVOICE MONTHLY ACCOUNT

SERVICE DEPOSIT:	ERF NUMBER:	TOTAL VALUATION:	WARD No.
700.00	8048000	1900000	11

DATE	DETAILS	READING DATE: 07/05/24	AMOUNT
	B/F BALANCE		683.05
21/05/2024	0134884292 ELECTRICITY 01/05/2024-09/05/2024		127.74 *
	BASIC	111.08	
	VAT/BTW	16.66	
21/05/2024	0134884292 SUBSIDY - ELECTRICITY		127.74-*
21/05/2024	AMR1204911 WATER 09/04/2024-07/05/2024		233.79 *
	768 - 776 (8 Kl 28 Days)		
	BASIC	180.52	
	07/23 5.52 @ 0.000 =	0.00	
	2.48 @ 9.186 =	22.78	
	VAT/BTW	30.49	
21/05/2024	AMR1204911 WATER INDIGENT SUB.		103.79-*
21/05/2024	407011 SEWERAGE		303.32 *
21/05/2024	407011 SEWERAGE INDIGENT SUB.		151.66-*
21/05/2024	304011 REFUSE		267.37 *
21/05/2024	304011 REFUSE INDIGENT SUB.		133.68-*
21/05/2024	RATES INSTALLMENT		268.83
	RECEIPTS		683.00 -
	Balance Carried Forward		0.23 -
	VAT ON '*' ITEMS: 54.18 ACB TOT:	0.00	

CREDIT	60 DAYS	30 DAYS	CURRENT	Amount Due
0.00	0.00	0.00	684.23	684.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE

DUE DATE
18/06/2024

AMOUNT DUE
684.00

VAT No. / BTW Nr. 4830118370

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

Ref. No.: 860080480055

EasyPay >>>>>915268600804800557

pay@ 11379 860080480055

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.

Mossel Bay MUNICIPALITY

GOODE JC & DU PREEZ R
PO BOX 11137
DANA BAY

6510

860080480055

Fold and tear on perforation