

ADOPTION CHECKLIST

ADMISSION NO:

HB 78419

CONTRACT NO:

MA 0174



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 January 2026



Copy of Vaccination Record/ Certificate



Microchip



Microchip Registration- chip number

10/02/25



992003000578655

Done

Date: 08/12/25

Date: 08/12/25

Completed by:

Manager:

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.



PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

DATE: 08/12/25

SPCA

7812130005086

designs.cloete@gmail.com

Name Mrs C. Claiete

Address Bob Bouwer 11, Boulevard

Telephone Numbers: (H)

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

Animal's Name: _____

50x

عَنْ

Age

8 weeks

Description

On (due date)

Adoption Form No.

NA 017.

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.

Moete

FOR SPEAK

~~CONFIDENTIAL~~

CONFIRMATION OF STERILISATION:

Yet:

Signed:

Date: _____

ANNEXURE A

Additional Household Members & Emergency Contacts

1. Spouse Details

- Full Name: _____
- Contact Number: N/A
- Email Address: _____

2. Additional Family Member/Friend Details

- Full Name: Christina Nel
- Contact Number: 083 751 6226
- Email Address: christhanel@gmail.com

3. Previous SPCA Adoption

- Have you previously adopted SPCA? (Yes (No))
- If yes, when? _____
- Where? _____
- What animal did you adopt? _____

1. Adoption Contract Acknowledgment

I, the adoptee, confirm that I have read and fully understand the adoption contract in its entirety.

Signature: [Signature]
Date: 8/12/2025

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

MICROCHIP NUMBER



992003000578655

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 083 74 93 050

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

E-mail * designs.cloete@gmail.com If possible, please provide a personal email, not a company email.

Title * MRS

Initials * C

Surname * CLOETE

Street 1 BOB BOUWER

City

Suburb BAYVIEW

Area Code BAYVIEW

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 * 04 - 12 - 2025

Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name STEVE

Date of birth

Species * FELINE

Breed * DSIT

Colour GINGER + WHITE

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

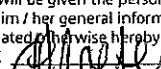
Medical Conditions

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 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

www.backhome.co.za • Tel: 011 852-8120 or 011 027 8837 • Fax: 0800 222 546

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): C. Cloete

HOME ADDRESS: Bob Bouwer 1, Bayview, Mosselbaai

ID NO.: 781213 0005086

POSTAL ADDRESS: _____

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

CELL NO: 083 749 3050 FAX NO: _____

EMAIL: designs.cloete@gmail.com

Address where animal will be kept: Bob Bouwer 1, Bayview

Occupation: Business Owner

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

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

Reason for wanting animal: Animal lover

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? cat

Can you afford private fees? Yes Who is your vet? Stellouise

How many animals live on the property? DOGS? None CATS? None OTHERS 2 mice

What are the sexes of your animals? DOGS: Male _____ Female _____ CATS: 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? 2 CATS? 1 OTHER? _____

Which animals do you still have, and what happened to the others? all passed away / 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: fibrecrete wall / solid gate Height: 6 ft

What shelter is provided: OUTDOORS indoors KENNEL _____ OTHER _____

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

Pre Home Inspection Fee: R100 Receipt No: 8512

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 Cloete Date of application 29/11/25



992003000578655

ADMISSION NO

MBY 8419

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN: 3-12-25

TIME: 14:50

NAME OF APPLICANT: Mrs C. Cloete

ADDRESS: 1 Bob Bower, Bayview

HOME TEL No:

CELL No: 683749 3650

ANIMAL(S) ADOPTING: Kitten Ginger + white

SEX: Male

AGE: 8 weeks

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION

Type and height of fence:	Wall	Suitability of fence (i.e. small pets can't escape):	2m
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:	
Does applicant live at the address?	YES ☒ / NO ☐	How many animals are on the property?	0

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/ it.	/	/	/	/
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Great Home

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☐ CATS☐ SMALL DOGS☐ MEDIUM DOGS☐ LARGE DOGSINSPECTED BY: *Heidi Meyer*SPCA: *Mosses / Bay*SIGNATURE: *[Signature]*

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

GARDEN ROUTE SPCA MOSSELBAY			
DATE	21/10/25	ANIMAL NAME	
KENNEL NUMBER	C86	BREED	Dsh
CARD NUMBER	MBY 8419	STERILIZED	NO
COLOUR	Ginger	MALE/FEMALE	Male
VACCINATED	Yes	AGE	8 weeks
PROOF OF VACC	Yellow Card	STRAY/SURRENDER	Stray

GENERAL HEALTH CHECK

			COMMENTS
WEIGHT	0.60		
TEMPERATURE	37.6		
EARS	NAD		
EYES	NAD		
TEETH	NAD		
NOSE	NAD		
LUNGS	NAD		
HEART	NAD		
ABDOMEN	NAD		
HIPS	NAD		
SKIN AND COAT	NAD		
FIT FOR ADOPTION	YES	NO	

ADDITIONAL COMMENTS

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>66 C2 1</u>				ADMISSION No. <u>MBY8419</u>		
☒ Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	<u>01/10/25</u>		Time in	<u>14:19</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>01/10/25</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked		Microchip or ID Tag number		

DESCRIPTION & HISTORY	Dog	☒ Cat	Other species (Specify)			
	Breed	<u>DSH</u>		Colour and Markings <u>Ginger</u>		
	Condition	<u>Fair</u>		Sex	<u>♂</u>	Age <u>4 weeks</u>
	Temperament	<u>Fair</u>		Sterilisation details	<u>NO</u>	Name <u>SPRINT</u>
	Coat <u>Short</u>	Tail <u>long</u>	Teeth Condition <u>Fair</u>	Ears <u>up</u>	Size <u>Small</u>	
	Area found / collected from <u>Taxi Rank</u>					Date <u>01/10/25</u>
	Reason for surrender <u>Stray</u>					

ASSESSMENT		Surrendered by		Name		<u>FCA Gear</u>	
GOOD WITH:		Yes	No	Found by		☒	
Children				Residential Address		<u>Mosselbay</u>	
Cats						<u>N/A</u>	
Other Dogs				Postal Address		<u>N/A</u>	
Livestock/Other				Tel (H)		Tel (W)	Cell <u>0663858174</u>
DO THEY:	Yes	No					
Jump Fences							
Run Away							
COMMENTS:				Email		<u>N/A</u>	
				Donation R		Cash	Card
				<u>N/A</u>		EFT	(Receipt No.) <u>N/A</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 / 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 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>Refer to MBY 7480</u>	Witness for Society <u>[Signature]</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: _____

MY OWNER	
NAME	C. Cloete
POSTAL ADDRESS	
STREET ADDRESS	1 Bob Bauer Bayview
HOME PHONE	
WORK PHONE	
CELLPHONE	083 74 93 050
BREEDER DETAILS	

SPECIES	Feline
BREED	OSH
COLOUR	Ginger
SEX	Male
DATE OF BIRTH	
MICROCHIP/TATTOO	
FEATURES/MARKS	

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992003000578655

[illegible][illegible]

I WAS VACCINATED ON		VACCINE AND BATCH NO.	VET SIGNATURE
DATE	21/10/25	 02071474C Exp. 16-MAY-2026 Robac H10P0	
	02/12/25	 02071474C Exp. 16-MAY-2026 Robac H10P0	
		 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	

21/10/25

02/12/25

Figure 1

2000

100

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

2000

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CONCLUSIONS

2000

Amal Kumar

APR 11 1968

DATE

VET SIGNATURE

1. *Phragmites australis* (Cav.) Trin. ex Steud.

100

10

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Figure 1. The effect of the concentration of the *Agrobacterium* suspension on the transformation efficiency of *Agrobacterium* strains. The number of transformed cells was determined by the number of colonies obtained on the selective medium. The results are the mean of three independent experiments. Error bars represent standard deviation.

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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.

Nobivac® DHPPi (Reg. No. G2377 Ad35/1947), Nobivac® KC (Reg. No. G2804 Ad3 36/1947), Nobivac® Canine-1 DAPPV (Reg. No. G3692 Ad3 36/1947), Nobivac® Feline-HCP (Reg. No. G3880 Ad35/1947), Nobivac® Tricat Trio (Reg. No. G3712 Ad3 36/1947), Nobivac® Rabies (Reg. No. G2207 Ad3 36/1947), Quantel® Tablets (Reg. No. G2717 (Ad3 36/1947) Contents Praziquantel (isiquinolone) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exitel Plus (Reg. No. G4226 Ad3 36/1947) Contains Praziquantel 175 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel® 150 mg, Exitel Plus XL (Reg. No. G4227 Ad3 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Febantel® 150 mg, Exitel Plus XL (Reg. No. G4083 Ad3 36/1947) each chew contains 25 mg Fluralaner per kg body weight.

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REPORT EFFECTS

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Mossel Bay
MUNICIPALITY

MOSSSEL BAY MUNICIPALITY
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VAT REG. NO.

Name:

NEL JSH

Street Address:

1 808 BOUWERSINGEL BAY VIEW

TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER: 47-000522-001-7

DATE OF ACCOUNT: 21/11/2025

LAST RECEIPT DATE: 20/11/2025

PREPAID METER NUMBER:

SERVICE DEPOSIT:	334.00	ERF NUMBER:	522000	TOTAL VALUATION:	3900000	WARD No:	10
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DATE	DETAILS	AMOUNT
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20/11/2025	307289	B/E BALANCE	6408.06
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		ELECTRICITY 17/09/2025-17/10/2025	3770.88*
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		5723 - 6822 (1099 KWH 30 Days)	
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		BASIC	323.93
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		07/25 1099.00 @ 2.689 =	2955.10
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		VAT/BTW	491.85
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20/11/2025	AMR1203210	WATER 17/09/2025-17/10/2025	538.90*
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		2033 - 2058 (25 Kl 30 Days)	
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		BASIC	261.39
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		07/25 5.92 @ 0.000 =	0.00
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		13.81 @ 10.030 =	138.51
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		5.27 @ 13.038 =	68.71
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		VAT/BTW	70.29
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20/11/2025	400010	SEWERAGE	365.61*
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20/11/2025	300010	REFUSE	320.62*
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20/11/2025		RATES INSTALLMENT	1459.98
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		RECEIPTS	6410.00-
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		Balance Carried Forward	0.05-
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VAT ON ** ITEMS: 651.64 ACB TOT: 0.00

CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
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0.00	0.00	0.00	6454.05	6454.00
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DUE DATE 15/12/2025

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE



Mossel Bay
MUNICIPALITY



NEL JSH
PO BOX 300
HARTENBOS
6520



47-000522-001-7

Proof of Account Details



Capitec Bank
26/11/2025
Branch: 470010
Device:



Validate this document using SkyQR

To Whom It May Concern

We hereby confirm that Mrs Cecilea Cloete has the following account(s) at Capitec Bank Limited on 26/11/2025

Client Details

Name:	Cecilea H Cloete
ID/Passport Number:	7812130005086
Address:	1 Bob Bouwersingel, Bayview, Hartenbos, 6520
Postal Address:	1 Bob Bouwersingel B View, Hartenbos, 6520

Account Details

Account Status:	Active
Account Type:	Savings
Account Number:	1214255106
Bank Name:	Capitec
Branch Code:	470010
Date Opened:	2010-01-20

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above account holder or any third party in relation to the account details contained herein.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
CLOETE
Names:
CECILEA HESTER
Sex:
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Nationality:
RSA
Identity Number:
7812130005086
Date of Birth:
13 DEC 1978
Country of Birth:
RSA
Status:
CITIZEN



Signature:

Cloete



Conditions:

Date of Issue:
16 NOV 2016

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 80

RSA

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