ADOPTION CHECKLIST

ADMISSION NO: MBY 9447

CONTRACT NO: MA0226

- [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 Came in already done
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 12/03/26. 992003000579350

Adoptee INFO:

Name & Surname Pieter Brink

Contact INFO: 082 773 3333

Completed by: _____ Date: 24/02/2026.

Manager: _____ Date: 24/02/26

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.

ANNEXURE A

Additional Household Members & Emergency Contacts

1. **Spouse Details**
   - Full Name: Pieter Brink
   - Contact Number: 082-773 3333
   - Email Address: pieterg@bdbinternational.com.

2. **Additional Family Member/Friend Details**
   - Full Name: Adri Brink
   - Contact Number: 082-569 0066.
   - Email Address: adrig@bdbinternational.com.

3. **Previous SPCA Adoption**
   - Have you previously adopted SPCA? (~~Yes~~/No)
   - If yes, when? 2023
   - Where? Mossel Bay.
   - What animal did you adopt? Kat Cats.

1. **Adoption Contract Acknowledgment**

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

Signature: _____

Date: 24/2/26

ADMISSION No.
TOELATINGSNR. MA0226

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female	
Microc			

992003000579350

This an … with 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.

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

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

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

UITPLASINGSKONTRAK

Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Elenaarskap 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): Pieter Brink

HOME ADDRESS
WOONADRES: 26 Rooikrans Drive, Pinnacle Point

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7002205058083

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

(B):
(W):

CELL No:
SELFOON Nr: 082 773 33 33

FAX No:
FAKS Nr:

E-MAIL:
E-POS. pieter@bdbinternational.com

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 9116

VEHICLE REG No.
VOERTUIG REG Nr. CBS 7002

VEHICLE MAKE:
VOERTUIG MAAK: Ford Ranger

COLOUR:
KLEUR: Silver

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

DATE / DATUM: 24/2/26

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER *

992003000579350

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. * 082 773 3333 — Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.

E-mail * pieter@bdbinternational.com — If possible, please provide a personal email, not a company email

Title * MR | Initials * P | Surname * BRINK

Street 26 ROOIKRANS DRIVE | City

Suburb PINNACLE POINT ESTATE | Area Code MOSSELBAY

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 * 24 - 02 - 2026

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

Name of Vet who implanted the Chip KAY IEVERS

PET DETAILS

Pet Name LULU | Date of birth

Species * CANINE | Breed * MALTESE X

Colour 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 options 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 227 546 (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, ASSESSMENT AND HISTORY RECORD

loaded

DBV SPCA
Garden Route

KENNEL No.	K 22			ADMISSION No.	MBY9447	
Stray	(Surrender)	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/01/26		Time in		Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	(Yes) / No	Lost & Found Date checked	14/01/26
Microchip/Collar or ID tag found	Yes / (No)	Date scanned or checked	14/01/26	Microchip or ID Tag number	None

DESCRIPTION & HISTORY

(Dog)	Cat	Other species (Specify)	B/I		
Breed	Poodle	Colour and Markings	Wit		
Condition	Fair	Sex	F	Age	Wit Poedel
Temperament	Friendly	Sterilisation details		Name	Lulu
Coat L	Tail L	Teeth Condition Fair	Ears		Size S M.
Area found / collected from	Hartenbos			Date	14/01/26
Reason for surrender	Use to foster the dogs. Owner does not can				

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	Emmerentia Pienaar	
Residential Address	156 Intaberg Hartenbos		
Postal Address	No postal		
Tel (H)	No num	Tel (W) No num	0826143679
Email	No email		
Donation R	N/A	Cash	Card	EFT	(Receipt No.) N/A

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 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: _____

9920030005 79 350 ADMISSION NO MBY 9447

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: _____ TIME: _____

NAME OF APPLICANT: Pieter Brink

ADDRESS: 26 Rooikrans Drive, Pinnacle Point

HOME TEL No: _____ CELL No: 082 773 3333

ANIMAL(S) ADOPTING: Maltese Adult

SEX: Female AGE: _____

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall		Suitability of fence (i.e. small pets can't escape): Yes	
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?	2

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Mixed	DSH			
CONDITION	Good	Good			
WELFARE (good?)	Good	Good			
SEX & AGE	♀ / 16yrs	2yrs /	/	/	/
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 DOGS

INSPECTED BY: Approved SPCA: Mossel Bay SIGNATURE: _____

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME	Peter Brink
POSTAL ADDRESS	
STREET ADDRESS	26 Rooikrans Drive
	Pinnacle Point Estate
HOME PHONE	
WORK PHONE	
CELLPHONE	082 773 3333
BREEDER DETAILS	

ME

SPECIES	CANINE
BREED	MALTESE X
COLOUR	WHITE
SEX	FEMALE
DATE OF BIRTH	
MICROCHIP/TATTOO	992003000579350
FEATURES/MARKS	

NEXT VACCINATION DUE

DATE	DATE	DATE

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
16/01/26	S52210 R3 Ser: 02-FEB-2026 Exp: 05-FEB-2026 + Triworm D	
13/02/26	S52210 R3 Ser: 02-FEB-2026 Exp: 05-FEB-2026 + Triworm D	

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE

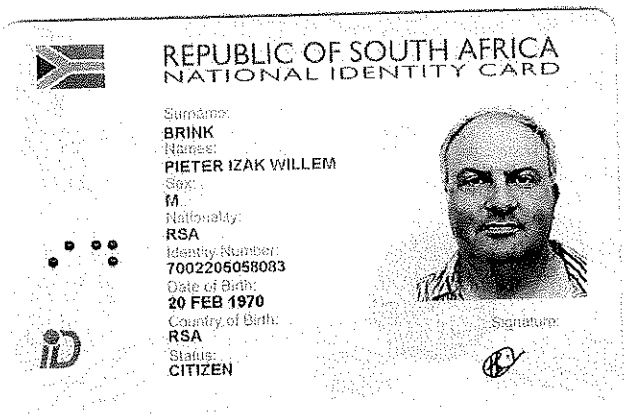
One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.
My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet!

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

MSD Animal Health

Nobivac Puppy DP | Quantel | Exitel Plus | Exitel Plus XL | BRAVECTO

facebook.com/BravectoSouthAfr
facebook.com/MsdPetsSa



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BRINK
Names:
PIETER IZAK WILLEM
Sex:
M
Nationality:
RSA
Identity Number:
7002205058083
Date of Birth:
20 FEB 1970
Country of Birth:
RSA
Status:
CITIZEN

Signature:

FNB Verified Statement 24/02/2026

Reference Number: SMTPO26BE2DC

To verify this statement, please keep the above reference number and the client's ID number/business account number on hand. Visit www.fnb.co.za, select Contact us + Tools on the menu, followed by Verify Statement and follow the on-screen instructions. The reference number is valid for a minimum of 3 months.

24 FEB 2026

Statements 250-655

BBST88 179887

MR PIETER I W BRINK
26 ROOIKRANS DRIVE
PINNACLE POINT GOLF ESTATE
MOSSEL BAY
6506

3@1 Suite 2,Private Bag X5
Hartenbos ,6520
Street Address Mossel Bay
Shop 95,Langeberg Mall,Louis Fourie Rd
Universal Branch Code 250655
privateservice@fnb.co.za
fnb.co.za
Lost Cards (087) 575 4727
Account Enquiries +27 (0)11 369 2000
Relationship Manager Donald Olivier
dolivier@fnb.co.za
(087) 312-4846

Customer VAT Registration Number Not Provided
Bank VAT Registration Number 4210102051

FNB Private Clients Current Acc : 62789182286

Tax Invoice/Statement Number : 88
Statement Period : 31 December 2025 to 31 January 2026
Statement Date : 31 January 2026

Statement Balances

Opening Balance	870.10 Cr
Closing Balance	1,316.41 Cr
# Inclusive of VAT @ 15.00%	32.28 Dr
Total VAT (ZAR)	32.28 Dr

Bank Charges

Service Fees	247.50 Dr
Cash Deposit Fees	0.00
Cash Handling Fees	0.00
Other Fees	0.00

Interest Rate

Credit Rate**	Tiered
Debit Rate*	0.00%

Transactions in RAND (ZAR)

Date	Description		Amount	Balance	Accrued Bank Charges
02 Jan	FNB App Transfer From P Brink Salary		36,000.00Cr	36,870.10Cr	
02 Jan	Internet Trf To Rich Earth		20,000.00	16,870.10Cr	
02 Jan	Internet Trf To Rich Earth		12,000.00	4,870.10Cr	
02 Jan	Internet Trf To Rich Earth		2,000.00	2,870.10Cr	
02 Jan	FNB App Transfer From P Brink Salary		63,000.00Cr	65,870.10Cr	
02 Jan	FNB App Transfer To Rich Earth		29,000.00	36,870.10Cr	
02 Jan	Internal Debit Order Momentum My008833282 V53991		285.33	36,584.77Cr	
02 Jan	Internal Debit Order Momentum 209665340 V84384		35,235.79	1,348.98Cr	
03 Jan	ATM Cash 07597195	400974*9036	400.00	948.98Cr	
03 Jan	FNB App Transfer From P Brink Salary		2,000.00Cr	2,948.98Cr	
05 Jan	FNB App Transfer From P Brink Salary		1,000.00Cr	3,948.98Cr	
06 Jan	POS Purchase Shell City Three Si	400974*9036 04 Jan	69.90	3,879.08Cr	
06 Jan	POS Purchase Coffee At Work Oppi	400974*9036 03 Jan	92.40	3,786.68Cr	
06 Jan	POS Purchase Dolphins Cafe	400974*9036 03 Jan	176.00	3,610.68Cr	
06 Jan	POS Purchase BP Modderrivier	400974*9036 04 Jan	305.37	3,305.31Cr	
06 Jan	POS Purchase Yoco *Da Gama Lau	400974*9036 03 Jan	420.00	2,885.31Cr	
06 Jan	POS Purchase KFC Monument Height	400974*9036 04 Jan	449.70	2,435.61Cr	
06 Jan	POS Purchase Pinnacle Point Hom	400974*9036 03 Jan	1,000.00	1,435.61Cr	
07 Jan	Fuel Purchase Total Bonjour Fc	400974*9036 04 Jan	919.20	516.41Cr	
08 Jan	FNB App Transfer From P Brink Salary		1,000.00Cr	1,516.41Cr	
08 Jan	FNB App Transfer From P Brink Salary		1,300.00Cr	2,816.41Cr	
08 Jan	POS Purchase Germar Biltong Pav1	400974*9036 06 Jan	398.00	2,418.41Cr	
10 Jan	POS Purchase Shell Ultra City	400974*9036 08 Jan	106.00	2,312.41Cr	
12 Jan	FNB App Transfer From P Brink Salary		500.00Cr	2,812.41Cr	
12 Jan	POS Purchase Hl Boshof	400974*9036 08 Jan	302.41	2,510.00Cr	

XST2RNO:62789182286

Delivery Method F1 R06
NS/31/WV/DDA 30
308

Branch Number	Account Number	Date	DDA 30/94/SO/KM/KM/PA/P6/A6/LE/Y	FN
308	62789182286	2026/01/31	FNB PRIVATE CLIENTS CURRENT ACC	

298861