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- ☒ 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 Done
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

CONTRACT NO.

M/A 0383

Adoption INFO

Name & Surname Mr A.P. Smit

Contact INFO: 082 322 2765
071 176 7460

24/08/26



992003000650494

Completed by: _____

Date: 21/08/26

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.*

Skylar

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): Mr APV, Ms NKRB Smit

HOME ADDRESS: 05 Mossies Lake, Grootbrak River, Western Cape, South Africa

ID NO.: 0005165097089

POSTAL ADDRESS: _____

TEL NO (H): 071 176 7460 (B): 066 521 3513

CELL NO: 082 322 2765 FAX NO: _____

EMAIL: smiedt17@gmail.com

Address where animal will be kept: 05 Mossies Lake, Grootbrak River

Occupation: Gas Installer

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

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

Reason for wanting animal: Looking for 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? Small/Medium breed dog (Skylar)

Can you afford private fees? Yes Who is your vet? Still deciding

How many animals live on the property? DOGS? 0 CATS? 0 OTHERS 0

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

Are all your animals sterilised? Give details _____

How many dogs and cats have you owned in the last 3 years? DOGS? 0 CATS? 1 OTHER? 0

Which animals do you still have, and what happened to the others? Cat, left at parents due to 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: Wooden fencing and gate Height: 1020

What shelter is provided: OUTDOORS ✓ KENNEL gonna get a 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: 10893

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 15 August 2026



Garden Route

DOG / CAT	Breed	Male / Female
Mic		

992003000650494

This is 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: 05 Mossienies Laan,
 Grootbrak

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

CELL No:
 SELFHOON Nr: 08 2 322 2745

E-MAIL:
 E-POS: smitaltus17@gmail.com

ADOPTION FEE:
 AANEMINGSVOOL: R850

VEHICLE REG No.
 VOERTUIG REG Nr: CBS 39155

SIGNATURE
 HANDTEKENING:

DATE / DATUM: 21/08/2026

ADMISSION No.
 TOELATINGSNR.

MA0383



Garden Route

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

UITPLASINGSKONTRAK

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 klient 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 rekbands 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 Uitplasingbeleid 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 verwaarloosing 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.

A.P. Smit

ID/PASSPORT No.:
 ID/PASPOORT Nr.: 000 516 5097089

(B):
 (W):

FAX No:
 FAKS Nr:

cash / left / card
 kontant / left / kaart

DONATION:
 DONASIE:

KWITANSIE Nr
 RECEIPT No.

VEHICLE MAKE:
 VOERTUIG MAAK: Cher Spark

COLOUR:
 KLEUR: White

WITNESS FOR SOCIETY:
 GETUIE VIR VEREENIGING:

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000650494

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0823222745

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

E-mail * smitaltust@gmail.com

Title * MR Initials * AP

Surname * SMIT

Street * S MOSSIE NES

City

Suburb

Area Code * GROOTBEEK

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 * 24-08-2026

Date of Implant * 20-08-2026

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

Name of Vet who implanted the Chip * KAY LEVERS

PET DETAILS

Pet Name * SKYE

Date of birth

Species * CANINE

Breed * HUSKY

Colour * WHITE + BLACK

Markings * BLUE EYES

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 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

- On-line Log onto www.backhome.co.za. Complete the registration process.
- By e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
- By App Download the Virbac Backhome Africa App





ADMISSION No

T 1402

PRE AND POST HOME INSPECTION FORM

PASSED: ☒ YES

DATE UNDERTAKEN: 18/8/20

TIME: 10:18

NAME OF APPLICANT: Mr A.P. Smit

ADDRESS: 05 Mossienens laan, Grootbrak

HOME TEL No:

CELL No: 082 322 2745

ANIMAL(S) ADOPTING: Husky X

SEX: Female

AGE: 2 YRS

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	1.8 Brk fence		Height of fence: 1.8
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?	no other

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED					
SEX					
AGE					
STERILISED	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

Nice people

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ SMALL DOGS☐ CATS☒ MEDIUM DOGS☐ EQUINE☒ LARGE DOGS☐ OTHER (specify)

INSPECTED BY:

Christopher

SPCA:

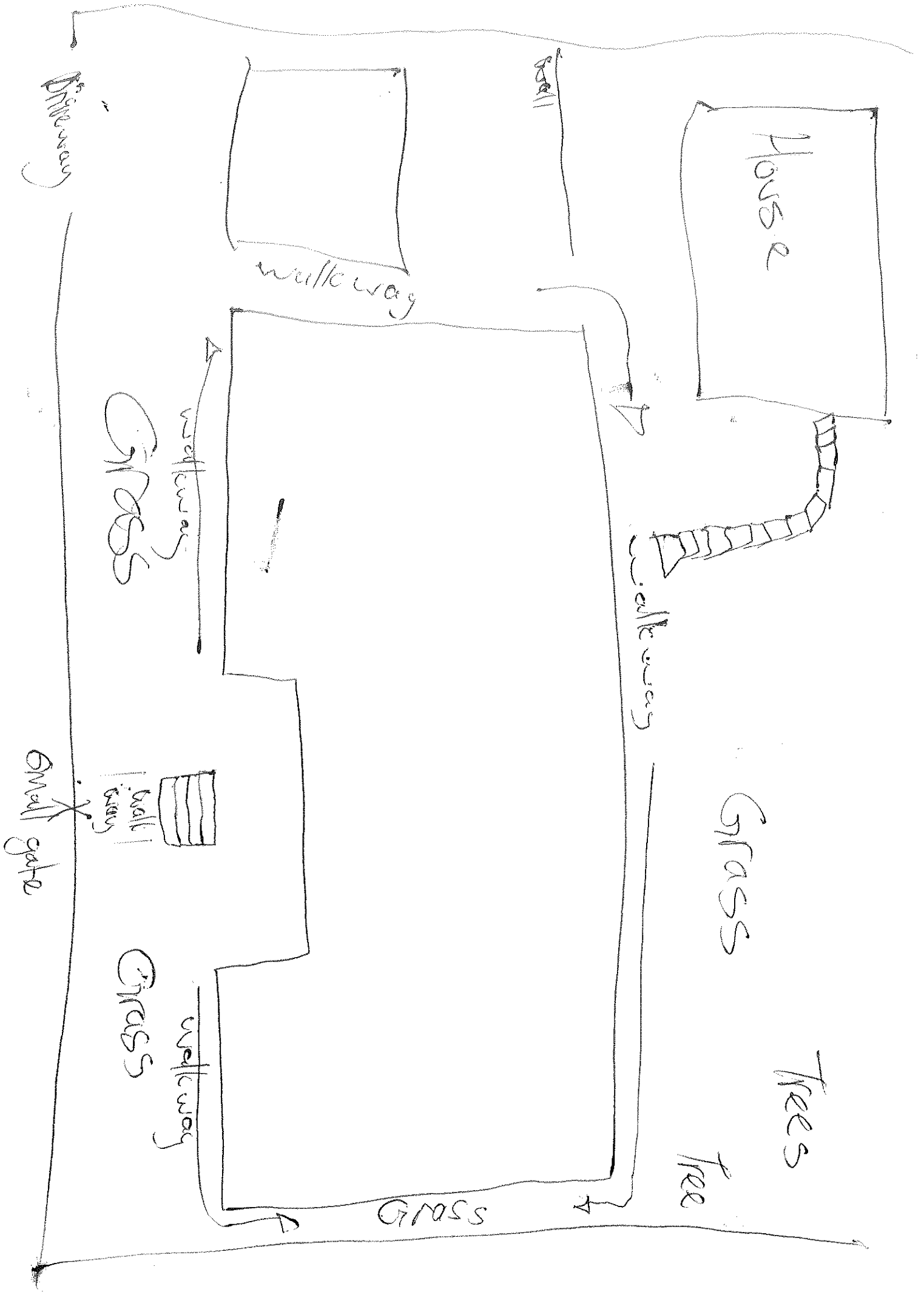
Mosselbay

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

24/07/2016 Trivorm
24/08/2016 Trivorm

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

DATE

DOCTOR'S NAME

18-8-2006
Dr. E. Joraka

VACCINE RECORD CARD

Vaccination protects your pet against
DANGEROUS GERMS
that can be everywhere.

PARASITES

DOG PARAS

SHARED TOYS

CONTAMINATED
WATER

SHOES & CLOTHING

HOUSE GUESTS

VISITING PETS



THE ENVIRONMENT



PET'S NAME

AGE/SEX

GARDEN ROUTE SPCA
MOSEL BAY

18 BILL JEFFERY AVE
KWANONQABA

044 693 0824
072 287 1761
theatrem@grrspsa.co.za
Consulting Hours

Monday and Friday: 12:00 - 16:00
Wednesday: Closed
Tuesday and Thursday: 09:00 - 16:00
Saturday: 09:00 - 11:00

Obanitel
Eutel Plus Eutel Plus XL

CHANGING SCHOOL AGES

DISCOUNT FOR LARGE HEALTHING EGGS

NOTE TO AN OWNER

Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months after, in order to keep my pet healthy.



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 9900, Fax: +2711 392 3156, Sales Fax: 086 603 1777
www.msd-animal-health.co.za ZA-NOV-21120001

MY OWNER

NAME Mr AP Smith

POSTAL ADDRESS

STREET ADDRESS 5 Mossenes Lane

Georgetown

HOME PHONE

WORK PHONE

CELLPHONE 082 322 2745

BREEDER DETAILS

ME

SPECIES Greyhound

BREED Greyhound

COLOR White

SEX Female

DATE OF BIRTH 12/12

CHIP NO. 992003000650494

SCAR/INJURY MARKS

NEXT VACCINATION DUE

DATE DATE DATE

I WAS VACCINATED ON

DATE 18/08/08

VACCINE AND BATCH NO. Rabisin

VET SIGNATURE [Signature]

DATE 24/07/06

VACCINE AND BATCH NO. [Stamp]

VET SIGNATURE [Signature]

DATE 20/05/06

VACCINE AND BATCH NO. [Stamp]

VET SIGNATURE [Signature]

I WAS VACCINATED ON

DATE VACCINE AND BATCH NO. VET SIGNATURE

[Faint background text and stamps for vaccination records]

One of the most important things you can do for your dog is to keep them up to date with their vaccinations. This is the best way to protect your dog from serious diseases. Please ensure your dog is vaccinated regularly.

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. G2804 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, Exatel Plus (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg, Exatel Plus XL (Reg. No. G4227 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504 mg pyrantel embonate) and Fenbendazole 500 mg, Bravectol® (Reg. No. G4053 Act 36/1947) each chew contains 25 mg Fluralaner per 1g body weight.

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. 33	ADMISSION No. T 1402
Request for euthanasia	Date for release
Stray	17/1/16
Surrender	Returned
Abandoned	Impounded
Confiscated	13/1/15
Time in	Date for release

IDENTIFICATION & LOST AND FOUND

Microchip/Collar or ID tag found	Yes	No	Date scanned or checked	Microchip or ID Tag number
Lost & Found checked	Yes	No	Date checked	Lost & Found

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)
Breed	Flusky	Colour and Markings
Condition	Good	Sex
Temperament	Good	Sterilisation
Coat	Short	Name
Area found / collected from	17/1/16	Size
Reason for surrender	17/1/16	Date

ASSESSMENT

GOOD WITH:	YES	NO
Children		
Cats		
Other dogs		
Investig / Other		
NO THEY:		
ump Fences		
Run Away		
COMMENTS:		

PLEASE INSIST ON A RECEIPT

Surrendered by	Name	Thompson
Found by		
Residential Address		Moorey etc.
Postal Address		
Tel (H)	Tel (W)	Cell 071 560 2450
Email		
Donation R	Cash	Card
	EFT	(Receipt No.)

STATEMENT OF SURRENDER

Confiscated: OB No: Case No: Inspector: *Heath*

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,
 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.
 I also see "Conditions" on reversed side.
 "Voorwaardes" op die agterblad.

Signature	Witness for Society
Details of first Applicant	Details of second Applicant
Details of third Applicant	

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

CONDITIONS / VOORWAARDES

1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul wilsuiklike diskresie met die dien verstande dat die Vereniging sal poog om dit in 'n nuwe huis te plaas of, indien hul nie in staat is om dit te doen nie, om sy pynlose vernietiging te bewerkstellig. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskerminingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal he om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.
2. Any charges endorsed hereon are due and payable on request.
3. The Society will not home any animal unsterilised.
4. Die Vereniging sal geen dier plaas wat ongesteël is nie.

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia		Euthanasia Bottle No. _____ Quantity used _____ AWA: _____	

CLAIMANT

Name: Prof/Dr/Mr/Mrs/Ms (including initials) _____
 Residential Address: _____
 Tel No (h): _____ Tel No (w): _____ Cell No: _____
 Postal Address: _____
 Email Address: _____
 Reclaim Charge: _____ Added Donation: _____ Cash/EFT/Card (Receipt No.) _____
 ID/Passport No: _____
 Vehicle Model _____ Colour _____ Reg. No: _____
 Signature: _____
 Witness for Society _____

MEDICAL RECORD

Microchip and IC	992003000650494
Date	18/8/26
marks	15/5
Treatment	
Cost	

PTS APPROVAL

NAME	SIGN

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : _____
- Contact number : _____
- Email address : _____

2. Additional family member/friend details

- Full name : Naomi Kaylee Rowan Boerma
- Contact number: 071 176 7460
- Email address : naomi.boerma@live.nl

3. Precious SPCA Adoption

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

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

Signature

Naomi

Date

21/08/2026



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:

SMIT

Names:

ALWYN PETRUS

Sex:

M

Nationality:

RSA

Identity Number:

6005165087009

Date of Birth:

16 MAY 2000

Country of Birth:

RSA

Status:

CITIZEN



Signature



Conditions:

Date of Issue:

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

03 MAR 2017

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 90 11 20



104084002



1. The first step in the process is to identify the problem or issue that needs to be addressed. This involves gathering information and understanding the context of the problem.

2. Once the problem is identified, the next step is to define the objectives and goals of the project. This helps to clarify what needs to be achieved and provides a clear direction for the team.

3. The third step is to develop a plan or strategy to address the problem. This involves breaking down the problem into smaller, manageable tasks and determining the resources needed to complete each task.

4. The fourth step is to implement the plan. This involves putting the strategy into action and monitoring progress regularly to ensure that the project is on track.

5. The final step is to evaluate the results of the project. This involves assessing the outcomes against the objectives and goals and identifying any areas for improvement or further action.

3 MOSSIE LAAN
Groot Brakrivier
6525
smitaltus17@gmail.com

MOBILE TELEPHONE NETWORKS (PTY) LTD
HEAD OFFICE: 216 14th AVE FAIRLAND,
ROODEPOORT, 2170 PRIVATE BAG 9955,
CRESTA, 2118
WEBSITE: <http://www.mtn.co.za>
TEL: 011 912-3000 FAX: 083 705 7171
REG. NUMBER: 1993/001436/07
VAT NUMBER: 4630140434



3 MOSSIE LAAN
Groot Brakrivier
6525
smitaltus17@gmail.com

Mobile Telephone Networks (Pty)Ltd is licensed
as a financial service provider-License No: 44774

INVOICE NO.	4004985185	INVOICE DATE	2025-04-14
DUE DATE	2025-04-14	MTSA REF ORDER NO.	9239186_1
CUSTOMER ACCOUNT NO.	BA147211019	COURIER	DSV
CUSTOMER ORDER NO.	1-53768680526	TERMS	

CARTON ID	QTY	DESCRIPTION	UOM	UNIT COST	AMOUNT
31468976	1	Contract MultiSim for LTE 8927000010830229675	EA	0.00	0.00
	1	Tozed ZLT X100 PRO 5G CPE Black CT (Free -to-Use) 862378060114532	EA	0.00	0.00
				VAT	0.00
Special Instructions:				TOTAL AMOUNT DUE	0.00

[illegible]