

T1393

CONTRACT NO:

MA0378

- ☒ 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 _____

ADOPTER INFO:

NAME & SURNAME Mr. Z. Mhlango

Contact INFO: 083 713 1075

14/08/26



992003000650499

Completed by: _____

Date: 14/08/26

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 processed.

All documents relating to a single adoption must be kept together in a single bundle, in order of checklist.

Tessa

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 Z. MULONGO

HOME ADDRESS: 59 AALWYN STREET, DANA BAY 6510

ID NO.: 7604165366081

POSTAL ADDRESS: 59 AALWYN STREET, DANABAY 6510

TEL NO (H): 083 713 1075 (B): 083 713 1075

CELL NO: 083 713 1075 FAX NO: ✓

EMAIL: ZWELAKHE @ OUTLOOK.COM

Address where animal will be kept: 59 AALWYN STREET, DANA BAY 6510

Occupation: MARINE RESEARCHER

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

Are you a student with consent to keep pets: YES

Reason for wanting animal: GIVE THE ANIMAL/DOG A SAFE + CARING HOME

Is the animal for yourself? YES

Is the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES

What breed of dog or cat are you interested in? Dog (Tessa)

Can you afford private fees? Yes Who is your vet? Vital Vet

How many animals live on the property? DOGS? 1 CATS? 0 OTHERS 0

What are the sexes of your animals? DOGS: Male Female 0 CATS: Male 0 Female 0

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned in the last 3 years? DOGS? 2 CATS? 0 OTHER? 0

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

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

Full description of the fencing and gate: VIBRACOTE WALL Height: 1.8m

What shelter is provided: OUTDOORS ✓ KENNEL ✓ OTHER 0

Have you previously had pets from an SPCA? NO Are there children under 10 in your household? 1

Pre Home Inspection Fee: £100 Receipt No: 10892

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 11/8/2020



ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	Male/Female
Micrc		

992003000650499

This a. I agree to 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 I agree and acknowledge that the above contract is legal and binding.

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)

ADDRESS: 59 Adalwyn Str, Dordrecht

PHONE No (H): 083 713 1075

PHONE No (H): 083 713 1075

FAX No: 083 713 1075

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ADMISSION No.
TOELATINGSNR.

MA0378



Garden Route

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

UITPLASINGSKONTRAK

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van 'n diër gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede en verpligtinge wat nagekom moet word. Die feit dat hierdie diër 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 diër 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 diër te hou nie sal ek nie besit van die diër 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 diër 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 diër.
- Ek sal die diër '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 diër te versorg en te huisves na die Vereniging se tevredenheid.
- Ek sal nie die diër vasketting of gehok hou nie, en aanvaar dat indien die diër 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 diër 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 diër siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die diër 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 diër gesteriliseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbands mag vir kalte 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 diër 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 diër wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die diër in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
- Ek sal nie die diër gebruik of toelaat dat die diër 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 diër wat ek aanneem te mishandel verwaarloos of te verlaat nie.
* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarloos van enige diër 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)
NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)

ADDRESS: 59 Adalwyn Str, Dordrecht

PHONE No (H): 083 713 1075

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FAX No: 083 713 1075

FAX No: 083 713 1075

ID/PASSPORT No.:

ID/PASPOORT Nr.: 7604165366081

(B):

(W):

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

FAX No:

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FAX No:

FAX No:

FAX No:

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No.

VEHICLE MAKE:

VOERTUIG MAAK:

COLOUR:

KLEUR:

WITNESS FOR SOCIETY:

GETUIE VIR VEREENIGING.

/ DATUM: 14/8/2026

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000650499

VET OR WELFARE ORGANISATION

Vet Practice Name *

Vet Practice Number *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 083 713 1075

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

E-mail * zwelakhe@outlook.com

Title * MR Initials * Z

Surname * Mhlongo

Street 59 AALWYN STREET

City

Suburb

Area Code DANABAY

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 * 14-08-2026

Date of Implant * 13-08-2026

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

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name

Date of birth

Species * CANINE

Breed * MAINTONIS X GSD

Colour BROWN

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 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 _____ 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 e-mail Scan and E-mail the completed form to backhome@virbac.co.za or backhome.support.external@virbac.co.za
3. By App Download the Virbac BackHome Africa App



ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : ANNELINE MHLONDO
- Contact number : 082 0778755
- Email address : ANNELINE.MARNEVEK @ GMAIL.COM.

2. Additional family member/friend details

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

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

Jan.

Date

14/8/26

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. K2A 39				ADMISSION No. T 1393		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	22-7-26	None	Time In	15:00	Date for release	

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

DESCRIPTION & HISTORY	Dog	Cat	Other species (Specify) Other		
	Breed	9.80 A	Colour and Markings Brown black face		
	Condition	Good	Sex	G	Age Adult
	Temperament	Unfriendly	Sterilisation Details	None	Name Tessa
	Coat Short	Tail Long	Teeth Condition Good	Ears UP	Size Med
	Area found / collected from Ashe				Date 22-7-26
	Reason for surrender Can't keep				

ASSESSMENT		
GOOD WITH:	YES	NO
Children	☒	☐
Cats	☒	☐
Other dogs	☒	☐
Livestock / Other	☒	☐
DO THEY:		
Jump Fences	☐	☒
Run Away	☐	☒
COMMENTS:		

Surrendered by	4	Name	Tessa Mondo
Found by		Residential Address	630 Ntshane Street Ashe
Postal Address			
Tel (H)	Tel (W)	Cell	
Email			
Donation R	Cash	Card	EFT (Receipt No.)

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **None** Case No: **None** Inspector: **None**

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 amtenare, 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	[Signature]	Witness for Society	[Signature]
FOR OFFICE USE: PENDING ADOPTION		Details of second Applicant	
Details of first Applicant		Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date: _____

CONDITIONS / VOORWAARDES

- | | |
|---|--|
| <p>1. The Owner / Finder hereby relinquishes all ownership rights to the animal/s described on the reverse to the SPCA for disposal at its sole discretion on the understanding that the Society shall endeavour to place it in a new home or, if unable to do so, effect its painless destruction.</p> <p>2. If in the opinion of a veterinarian or a qualified inspector in terms of Section 5 of Act 71 of 1962 (Animals Protection Act) an animal presented for admission is so diseased, severely injured or in such physical condition that it should be destroyed for humanitarian reasons, the Society shall have the right to effect such destruction by approved humane methods.</p> <p>3. Any charges endorsed hereon are due and payable on request.</p> <p>4. The Society will not home any animal unsterilised.</p> | <p>1. Die Eienaar / Vinder doen hiermee afstand van alle eiendomsreg in die dier/e, beskryf op die keersy, ten gunste van die DBV om mee te beskik volgens hul uitsluitlike 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.</p> <p>2. Indien, volgens mening van 'n veearts of 'n gekwalifiseerde inspekteur in terme van Artikel 5 van Wet 71 van 1962 (Dierebeskermingswet) 'n dier aangebied word vir toelating wat so siek, ernstig beseer of in sodanige fisiese toestand is dat dit vir menslikheidsredes vernietig behoort te word, die Vereniging die reg sal hê om so 'n vernietiging te bewerkstellig deur goedgekeurde menswaardige metodes.</p> <p>3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.</p> <p>4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.</p> |
|---|--|

REQUEST FOR EUTHANASIA

Owners authorising signature		Witness for Society signature	
Reason for Euthanasia			

Euthanase 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: _____ Copy Attached: Yes ☐ No ☐

Vehicle Model _____ Colour _____ Reg. No: _____

Signature: _____ Witness for Society _____



Date 13/08/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
22/07/2026	Vaccinate + Triworm		
4/8/26	Spay		

PTS APPROVAL

NAME	SIGN

MY OWNER

NAME **Mr Z. Mulongo**

POSTAL ADDRESS

STREET ADDRESS **59 Ashwyn Street**

Darabay

HOME PHONE

WORK PHONE

CELLPHONE **083 713 1075**

BREEDER DETAILS

ME

SPECIES

BREED

COLOR

SEX

DATE OF BIRTH

MICROCHIP/TATTOO

FEATURES/MARKS

Canine
GS
Brass/black
Female



992003000650499

NEXT VACCINATION DUE

DATE

DATE

DATE

14/08/26

I WAS VACCINATED ON

DATE

04/08/26

VACCINE

924507

Lot/Batch:

F72195

13/07-2026

Lot/Batch:

13/07-2026

Lot/Batch:

13/07-2026

Lot/Batch:

13/07-2026

Lot/Batch:

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Lot/Batch:

13/07-2026

Lot/Batch:

13/07-2026

Lot/Batch:

13/07-2026

Lot/Batch:

13/07-2026

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

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Animal Health

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Animal Health

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Animal Health

MSD

Animal Health

MSD

Animal Health

One of the very best things you can do to give me a long and healthy life is to vaccinate me against common diseases.

My mother gave me immunity during my first few weeks by disease-fighting antibodies in her milk.

Now it is up to you to keep my vaccinations up to date as advised by my vet!

Nobivac® DHPPi (Reg. No. G2377 Act 36/1947), Nobivac® KC (Reg. No. 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 (isoquinoline) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet. Exitel® Plus (Reg. No. G4228 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 304 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

Quantel

Exitel Plus

Exitel Plus XL

Bravecto

facebook.com/BravectoSouthAfrica
facebook.com/MSDPetsSA

I WAS DEWORMED ON

DATE PRODUCT DATE PRODUCT

22/04/26 Triworm D

Odontol Exitel Plus Exitel Plus XL

DEWORMING FOR RABBIT HEALTH DOCS

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

GARDEN ROUTE :
MOSSEL BAY
18 BILL JEFFERY
KWA-NONQAE
044 693 0824
072 287 176
theatrem@grspca
Consulting Ho
Monday and Friday: 0

VACCINATION RECORD

Vaccination protects your
DANGEROUS
that can be every



PET'S NAME

MY VET

Signature
4-8-2026
D. E. Sankal

Consulting Ho
044 693 0824
072 287 176

PRACTICE STAMP



Mossel Bay
MUNICIPALITY

MOSSEL BAY MUNICIPALITY
MOSSEL BAI MUNISIPALITEIT
UMASIPALA WASEMOSSELBAYI

VAT REG. NO.
Name:
MHLONGO ZJM & A
Street Address:
59 A ALBYN WEG DANABAI
TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER: 86-005926-004-4
DATE OF ACCOUNT: 23/07/2026
LAST RECEIPT DATE: 22/07/2026
PREPAID METER NUMBER: 07048484724

SERVICE DEPOSIT:	850.00	ERF NUMBER:	5926000	TOTAL VALUATION:	1350000	WARD No:	11
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DATE	DETAILS	AMOUNT
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21/07/2026	07048484724ELECTRICITY 13/07/2026-15/07/2026	3686.24
	BASIC	469.63
	VAT/BTW	70.29

21/07/2026	AMR1204389WATER 08/06/2026-08/07/2026	342.47
	857 - 865 (8 Kl 30 Days)	
	BASIC	276.56
	07/26	1.38 @ 0.000 = 0.00
	07/25	0.49 @ 10.611 = 5.20
	07/25	4.54 @ 0.000 = 0.00
		16.05
	VAT/BTW	44.66

21/07/2026	400011 SEWERAGE	385.72
21/07/2026	300011 REFUSE	338.24
21/07/2026	RATES INSTALLMENT	501.35
	RECEIPTS	1900.00
	AUXILIARY RECEIPTS	56.00
	Balance Carried Forward	0.94

VAT ON ** ITEMS: 209.37 ACB TOT: 0.00

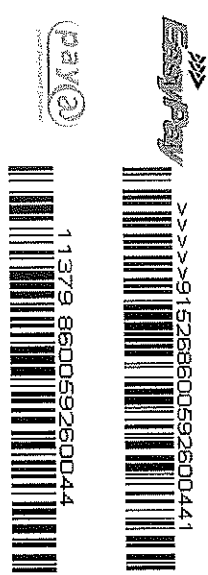
CREDIT	60 DAYS	30 DAYS	CURRENT	AMOUNT DUE
0.00	0.00	1931.24	2106.70	4037.00

PAYMENT MUST BE MADE ON OR BEFORE DUE DATE	DUE DATE 17/08/2026	AMOUNT DUE 4037.00
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VAT No. / BTW Nr. 4830118370
101 Marsh Street
Private Bag X 29
MOSEL BAY
6500
(044) 606 5000
(044) 606 5062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Paym ent Details / Beta lings Besonderhede

Standard Bank
PREDEFINED BENEFICIARY.
MOSEL BAY MUNICIPALITY
REF NO. 860059260044



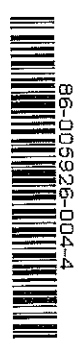
Message / Boodskap

Standard Bank is now the Primary banker for the
MOSEL BAY MUNICIPALITY.
Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSEL BAY MUNICIPALITY.
The municipality has been added as a predefined
beneficiary on the Bank Directory.



Mossel Bay
MUNICIPALITY

MHLONGO ZJM & A
PO BOX 58
MOSEL BAY
6500



Fold and tear on perforation.

BELANGRIKE KENNIGSGEWING

Hierdie rekening word ooreenhouding die Raad se toepaslike beleid gelewer.

SPEKDATUM:

Rekeninge is betaalbaar wanneer gelewer. Die spekdatum op die rekening is slegs van toepassing op die lopende rekening en nie op die agterstallige gedeelte van die rekening nie. Bedrae wat onvirel is na die verskuldende is agterstallig en die dienste kan opgeskort word sonder verdere kennisgewing.

METODES EN PLEKKE VAN BETALING:

1. **POSORDERS** moet gekruis en aan Mosselbaai Munisipaliteit betaalbaar gemaak word.
2. Betalings sal eerstens toegewys word na die oudste skuld(e)gang wat ter tipe diens, waarna dit in ... voorlopige prioriteitswagorde toegewys sal word.
3. **Betalings kan soos volg gemaak word:**
 - 3.1 by enige van die **MUNISIPALE KANTORE** Maandae tot Vrydae (vakansiedae uitgekluis) 08:00 tot 15:30 (Mosselbaai kantoor) en 08:00 tot 15:00 (Groot Brakrivier, Hartenbos, D'Almeida en Kwa Nongquba kantore).
 - 3.2 by enige **PICK & PAY, SHOPRITE, CHECKERS** of **SPAR** winkel. Let wel dat minstens 48 uur teegladat moet word vir die verwerking van alle derde party betalings.
 - 3.3 deur direkte **BANK- en/of ELEKTRONIESE BETALINGS** by **NEDBANK** waar Mosselbaai Munisipaliteit as begunstigde gese word. U rekeningnommer moet as ver wysing gebruik word.
 - 3.4 deur outomatiese **BANK-AFTREKINGS**. Voors hiervoor is beskikbaar by enige van die Munisipale kantore.

RENT:

Rente sal ingevolge die Raad se beleid op agterstallige bedrae gehel word.

OPSKORTING VAN DIENSTE:

Die toevuur van dienste mag, indien enige bedrag na die spekdatum verskuldig is, sonder verdere kennisgewing opgeskort word. Die deposito sal terselfdertyd hersten word en toelag, soos van tyd tot tyd deur die Raad bepaal, sal bygevoeg word ongang of die toevuur fisies gestak is al dan nie.

REKENINGE:

Indien geen rekening ontvang is teen die 10de van 'n maand nie, moet 'n afskrif vanaf die Munisipaliteit aangewra word. Die rekening moet te alle tye getoon word wanneer 'n betaling gemaak word.

BEPALING VAN DIENSTE:

Wanneer 'n perseel ontvang word moet die verterkende verbruiker die Munisipaliteit minstens 15 dae vooraf skriftelik kennis gee. Versum hiervan sal tot gevolg he dat die persoon aanspreeklik bly vir kostes gehel tot datum wat die kennisgewing ontvang en verwerk is.

VOORAFBETAALDE KRAAG:

Waar 'n voortbetaalde elektrisiteit meter in gebruik is en enige van die ander dienste op die perseel agterstallig is, sal slegs eenbede vir 'n gedeelte van die bedrag, wat aangebied word, uitgereik word teny die rus van die bedrag teen die uitstande rekening verdiskonteer sal word. (Die persentasie verdeling word van tyd tot tyd deur die Raad bepaal)

IMPORTANT NOTICE

This account has been rendered in terms of Council's relevant policies.

DUE DATE:

Accounts are payable when rendered. The due date on the account is only applicable on the current portion of the account and not the arrear portion. Amounts, which remain unpaid after the due date, are in arrears and services may be suspended without any further notice.

METHODS AND PLACES OF PAYMENT:

1. **POSTAL ORDERS** must be crossed and be made payable to Mossel Bay Municipality.
2. Payments will always be appropriated to the oldest account (notwithstanding the kind of service), where after it will be appropriated in order of a predetermined priority.
3. **Payments can be made:**
 - 3.1 at any of the **MUNICIPAL OFFICES** from Mondays to Fridays (public holidays excluded) 08:00 to 15:30 (Mossel Bay Office) and 08:00 to 15:00 (Great Brak River, Hartenbos, D'Almeida and Kwa Nongquba offices).
 - 3.2 at any **PICK n PAY, SHOPRITE, CHECKERS** and **SPAR** shop. Please note that at least 48 hours should be allowed for processing of all third party payments.
 - 3.3 by direct **BANK - and/or ELECTRONIC PAYMENTS** to **NEDBANK** using Mossel Bay Municipality as beneficiary. Your Municipal account number must be used as the reference number.
 - 3.4 by way of an automatic debit order. These forms are available at any of the Municipal Offices.

INTEREST:

Interest will be levied on arrear accounts in terms of Council's policy.

SUSPENSION OF SERVICES:

The supply of services may be disconnected without any notice, if any amount is due after the expiry date. The deposit will simultaneously be revised and a surcharge, as determined by council from time to time, will be added whether the supply had been physically disconnected or not.

ACCOUNTS:

If no account has been received by the 10th of a month, a copy should be obtained from the Municipality. The account must at all times be produced when payments or enquiries are made.

TERMINATION OF SERVICES:

When premises are vacated, the consumer leaving such premises must give the Municipality 15 day's written notice prior to leaving. Failing to do so will result in this person being held liable for any levies until the date a written notice is received.

PRE-PAID ELECTRICITY:

Where a pre-paid electricity meter is in use and any of the other services on the property is in arrears, only units to the value of a portion of the amount tendered will be issued, the rest of the amount will be allocated to the arrear account. (The percentage of the division will be as determined by Council from time to time)

RATES ADVICE FOR 2026/2027

DESCRIPTION	VALUATION / TARIFF	VAT	AMOUNT
IMPERMISSABLE RATES SECT 17	15000	0.000000	0.00
IMPROVEMENTS	1335000	0.004911	6556.19
RATES REBATE ART 17	110000-	0.004911	540.21-
			6 015.98



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Suriname:
MHLONGO

Names:
ZWELAKHE JOHAN
MICHAEL

Nationality:
RSA

Identity Number:
7604165366881

Date of Birth:
10 APR 1976

Country of Birth:
RSA

Status:
CITIZEN

Sex:
M



Signature

[Handwritten signature]

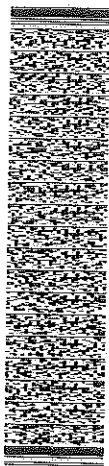
CONDITIONS:

This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If leave please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 50

Date of Issue:
14 AUG 2015



002017910





ADOPTION No

ADMISSION

PRE AND POST HOME INSPECTION FORM

PASSED: YES / NO

DATE UNDERTAKEN: 13/08/24 TIME: 08:52

NAME OF APPLICANT: Mr. Z. Mulongo

ADDRESS: 59 Aalwyn Street, Dana Bay

HOME TEL No: CELL No: 0837131075

ANIMAL(S) ADOPTING: Malinois x GSD

SEX: ♀ AGE: 6 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type of fence:	Vibroncrete 2 m		
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?	1

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	2	3	4	5
BREED	Potweiller				
SEX	M				
AGE	8y				
STERILIZED	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

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

INSPECTED BY: Christopher

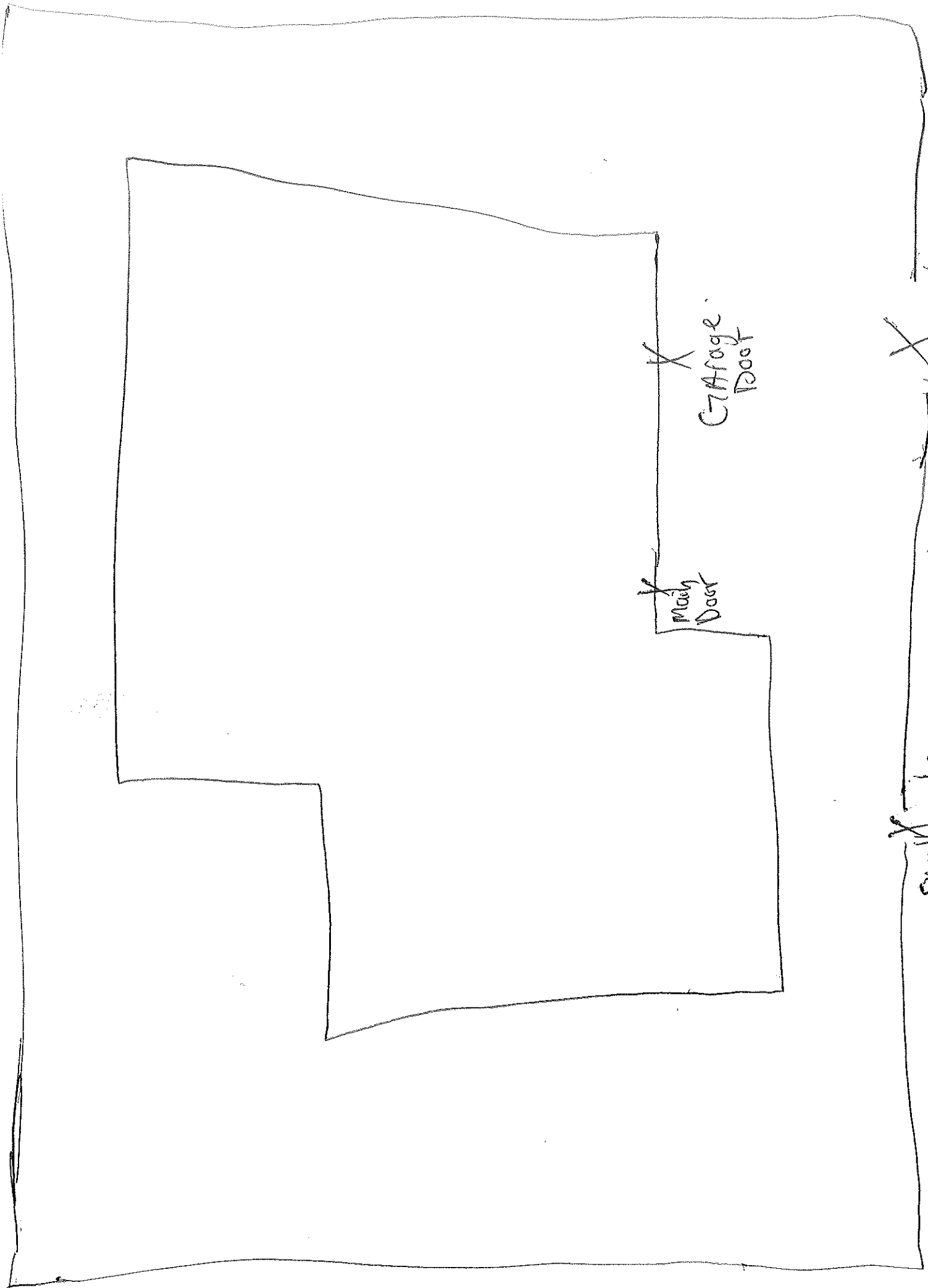
SPCA: Messel/bay

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE



Main Door

Garage Door

Small gate

Sliding gate