

ADOPTION CHECKLIST

ADMISSION NO:

T1094

CONTRACT NO:

MA0362

- ☒ 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 _____

Adoptee INFO:

Name & Surname Patric Muldoon

Contact INFO: 0737972084

12/08/26



992003000650647

Completed by: _____

Date: 30/07/26

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.*

Conditions

Date of Issue:
02 MAR 2021

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 69



114948113



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD



Signature:

Jason

Surname:
MULDOON
Names:
JASON PATRICK

Sex:
M

Nationality:
RSA

Identity Number:
0412305315084

Date of Birth:
30 DEC 2004

Country of Birth:
RSA

Status:
CITIZEN



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): Patric Muldoon

HOME ADDRESS: 17 ananda singel island view

ID NO.: _____

POSTAL ADDRESS: _____

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

CELL NO: 073 797 2084 FAX NO: _____

EMAIL: jasonpatrick132@gmail.com

Address where animal will be kept: 17 ananda singel island view

Occupation: _____

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

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

Reason for wanting animal: Cat 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? Dsh

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

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

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

Are all your animals sterilised? Give details _____

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

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

Is your property fenced and has a proper gate? yes Will you chain/ an animal? _____

Full description of the fencing and gate: steel Height: 1.5

What shelter is provided: OUTDOORS _____ KENNEL _____ OTHER indoors

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

Pre Home Inspection Fee: 100 Receipt No: MB4-10812

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 17/07/2026



Garden Route

ADOPTION CONTRACT

DOG / CAT	Breed	Male / Female
Microchip	992003000650647	

This animal has been 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: 17 Ananda Singel
 Island View

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

CELL No:
 SELFHOON Nr: 073 797 2084

E-MAIL:
 E-POS: jasonpatrick132@gmail.com

ADOPTION FEE:
 AANEMINGSVOOI: R850

VEHICLE REG No.
 VOERTUIG REG Nr: CRX 71579

SIGNATURE
 HANDTEKENING:

DATE / DATUM: 30/07/2026

ADMISSION No.
 TOELATINGSNR.

MA0362



Garden Route

UITPLASINGSKONTRAK

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

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 kliënt 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 baserings 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 rekbandjies mag vir kattle 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 Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie bevel 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 verwaarloos 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.

Patrick Muldoon

ID/PASSPORT No.:
 ID/PASPOORT Nr.: 04/23053/5084

(B):
 (W):

FAX No:
 FAKS Nr:

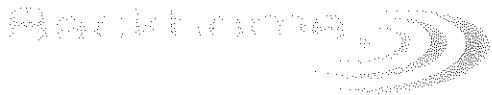
DONATION:
 DONASIE:

KWITANSIE Nr
 RECEIPT No.

VEHICLE MAKE:
 VOERTUIG MAAK: citraën

COLOUR:
 KLEUR: grey

WITNESS FOR SOCIETY:
 GETUIE VIR VEREENIGING.



MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS

* PRINT INFORMATION

Chip number



992003000650647

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

Please note that it is the Pet Owner's responsibility to ensure that the Pet's details are registered on the BackHome Database

PET OWNER INFORMATION

Cell No. * 073 797 2084

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

E-mail * jasonpatrick132@gmail.com If possible, please provide a personal email, not a company email

Title * MR

Initials * P

Surname * MULDOON

Street 17 Ananda singel

City

Suburb

Area Code Island View

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 * 12 - 08 - 2026

Date of Implant * 29 - 07 - 2026

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

Name of Vet who implanted the Chip KAY LEUERS

PET DETAILS

Pet Name Hazel

Date of birth

Species * FELINE

Breed * DSH

Colour TABBY

Markings

Gender Male ☒ Female

Sterilised ☒ Yes ☐ No

KENNEL UNION OF SOUTH AFRICA (KUSA)

MEDICAL

Are you a KUSA Registered Member? Yes ☐ No ☐

Medical Conditions

KUSA Registration Number

Medical Insurance Company

Pet Registered Name

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

ANNEXURE A

Additional household members and emergency contacts

1. Spouse details

- Full name : Bailey jade north
- Contact number : _____
- Email address : 078 511006

2. Additional family member/friend details

- Full name : Jason patrick mule ear
- Contact number: 073 797 2086
- Email address : jason.patrick132@gmail.com

3. Precious SPCA Adoption

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

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

Signature 

Date 30/07/2026



ADMISSION NO

T1094

PRE AND POST HOME INSPECTION FORM FOR DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

23/07/26

TIME:

15:58

NAME OF APPLICANT:

Patric Muldoon

ADDRESS:

17 Ananda Singel, Island View

HOME TEL No:

CELL No:

073 797 2084

ANIMAL(S) ADOPTING:

Tabby DSH "Nova"

SEX:

Female

AGE:

Juvenile

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	Complex perimeter as		
Suitable shelter? (i.e. Kennel in protected area)	YES ☒ / NO ☐	Suitability of fence (i.e. small pets can't escape):	
Is the front yard separated from the back?	YES ☐ / NO ☒	Any sign of Chain/Runner?	YES ☐ / NO ☒
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☒	If yes, what partitioning?	
Does applicant live at the address?	YES ☒ / NO ☐	Specify:	
		How many animals are on the property? 1	

DESCRIPTION OF ANIMALS ON PROPERTY

	1	2	3	4	5
BREED	British SH				
CONDITION	Good				
WELFARE (good?)	Good				
SEX & AGE	F 12y	/	/	/	/
STERILISED	YES ☐ / NO ☒	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

No welfare concern found

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

Chris Jones

SPCA:

Mosselbag

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

ADMISSION, ASSESSMENT AND HISTORY RECORD



Garden Route

KENNEL No. <u>55</u>				ADMISSION No. <u>T 1094</u>		
Stray	<u>Surrender</u>	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date In	<u>02/07/24</u>		Time In	<u>15:13</u>	Date for release	

IDENTIFICATION & LOST AND FOUND				Lost & Found checked	Yes	Lost & Found
Microchip/Collar or ID tag found	☒	Yes	Date scanned or checked	<u>02/07/24</u>	No	Date checked
	☒	No				<u>02/07/24</u>
				Microchip or ID Tag number		<u>none</u>

DESCRIPTION & HISTORY	Dog ☒	Cat ☒	Other species (Specify) <u>6 km</u>				
	Breed	<u>DSH</u>	Colour and Markings <u>Tabby Grey Black Stripes</u>				
	Condition	<u>Good</u>	Sex	<u>female</u>	Age	<u>none</u>	
	Temperament	<u>Friendly</u>	Sterilisation Details	<u>na</u>	Name	<u>none</u>	
	Coat	<u>S</u>	Tail	<u>C</u>	Teeth Condition	<u>Good</u>	
			Ears	<u>up</u>	Size	<u>medium</u>	
	Area found / collected from	<u>Etengeni</u>				Date	<u>02/07/24</u>
	Reason for surrender	<u>Moving</u>					

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

Surrendered by	☒	Name	<u>Joyce chinukwara</u>
Found by			
Residential Address	<u>13 Emdeni Street etengeni Mosselbay</u>		
Postal Address	<u>none</u>		
Tel (H)	<u>none</u>	Tel (W)	<u>none</u>
		Cell	<u>none</u>
Email	<u>na</u>		
Donation R	<u>none</u>	Cash	Card
		EFT	(Receipt No.) <u>none</u>

PLEASE INSIST ON A RECEIPT

Correlated: OB No: none

Case No: none

Inspector: christopher

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	<u>Schinukwara</u>	Witness for Society	<u>[Signature]</u>
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

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.

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.

3. Any charges endorsed hereon are due and payable on request.

4. The Society will not home any animal unsterilised.

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.

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.

3. Enige koste hierop onderskryf is verskuldig en betaalbaar op aanvraag.

4. Die Vereniging sal geen dier plaas wat ongesteriliseer is nie.

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 _____

Microchip / Collar and ID tag given



992003000650647

Date 29/07/26

MEDICAL RECORD

Date	Remarks	Treatment	Cost
03/07/26	Vaccination + triworm		
28/7/26	Spay L-flank		

PTS APPROVAL

NAME	SIGN

I WAS DECONTAMINATED ON

DATE _____ PRODUCT _____ DATE _____ PRODUCT _____

PABIES MOVEMENT PERMIT

This certificate also serves as a movement permit for this animal within the Republic of South Africa or a 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 was met before the intended movement.

DATE _____

BY VETERINARIAN _____

Garden Route SPCA

P.O. Box 251

George, 6531

Ph (044) 693 - 1924

SIGNATURE _____

PRACTICE STAMP

CERTIFICATE OF STERILISATION

VETERINARIAN'S SIGNATURE _____

DATE _____

DOCTOR'S NAME _____

28/7/2006
Dr S. S. S. S. S.

PRACTICE STAMP

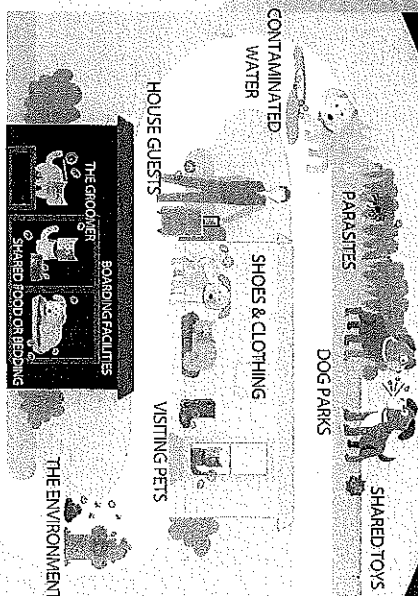


Animal Health

Internet South Africa (Pty) Ltd, Reg. No. 1991/005580/07
 18 Bill Jeffery Ave, Mosse Bay, 6531, George, 6531, RSA
 Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777
 www.msdafrica.com

VACCINE RESISTANT GERMS

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



Novu

PET'S NAME _____
 TYPE _____

GARDEN ROUTE SPCA
 MOSSEL BAY
 18 BILL JEFFERY AVE
 KWANONQABA
 044 693 0824
 072 287 1761
 theatre@gtrspca.co.za

Consulting Hours
 Monday and Friday: 09:00-15:00
 Wednesday: Closed
 Tuesday and Thursday: 09:00-15:00
 Saturday: 09:00-11:00

HUUROOREENKOMS:

VERHUURDER:

Volle naam en van: Robin Fredrick Muller

Identiteitsnommer: 9106185054083

HUURDER:

Volle naam en van: _____

Identiteitsnommer: _____

Huidige adres: _____

2

EIENDOM wat verhuur word: 17B, Island view,

Straat: Anandasingel Dorp: mossel bay 6500

Erfnommer: NA Kragmeter nr: NA

Eiendom het 'n motorhuis JA/NEE Nee een parkeerling onder dak

