

ADOPTION CHECKLIST

- ☒ 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 09/01/2025
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number _____

ADMISSION NO:

MBY 4905

CONTRACT NO:

MA00016T

Adoptee INFO:

Name & Surname BAA COWDEN

Contact INFO: 076 3006099



Completed by: [Signature]

Date: 10/01/2025

Manager: [Signature]

Date: 10/01/2025

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.

ADMISSION No. TOELATINGSNR.

MBY4905

UITPLASINGSKONTRA



ADOPTION CONTRACT

MA00016T

Gordon Route

DOG / CAT Breed

Male / Female

Microchip and



992003000486741

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 those 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 housed 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: 85 Dolphins Creek Golf Estate
Morrison Road, Great Brak

TEL No (H):

TELEFOON Nr (H):

CELL No:

SELFPOON Nr: 076 300 6099

E-MAIL:

E-POS: cawdenb@gmail.com

ADOPTION FEE:

AANEMINGSVOOI: R850

VEHICLE REG No.

VOERTUIG REG Nr: CBS 51488

SIGNATURE

B. Cawden



Gordon Route

HOND / KAT Ras

Manlik/Vroulik

Mikroskyfie en of ID nSkyfie Nommer:

Hierdie diër is aan u oorhandig met die vertroue dat u die diër 'n goeie tuisle sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van diër geskied plezier 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 of gehulswes 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 of kliefant skakel, in die terugbesorging van die diër.
- Ek sal die diër 'n redelike kans gee om aan sy nuwe tuisle gewoond te raak.
- Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
- Ek onderneem om die diër te versorg en te hanteer 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 veearts (anykundige) bekostig.
- Ek onderneem om die diër se nodige hanterings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se diens 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 staan dat die diër gestertiseer word soos deur die Vereniging voorgeskryf.
- Ek onderneem om my diër te identifiseer ter alle tye met behulp van 'n mikroskyfie of halband en naamplaatje - slegs rokbandjies mag vir katto gebruik word.
- My erf is behoorlik omhef 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 verdore raak.
- Ek verstaan en ken die "By-wette aangaende 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 uiteengeset. 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 wag hond gebruik word op enige industriële of kommersiële perseel nie.
- Ek sal die Vereniging binne sewe (7) dae per gereguleerde pos in kennis stel van enige verandering van adres.

* Ek onderneem om nooit die diër wat ek aanneem te mishandel of verwaarloos of te verkoop nie.

* Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarloosing van enige diër nie.

Ek verklaar hiermee dat ek die Uitplasings Kontrak goeies het, en dat ek bevestig en erken dat die kontrak wettig en bindend is.

BAA CAWDEN

ID/PASSPORT No.: 746611 02 00088

ID/PASPOORT Nr.: 746611 02 00088

(B):

(W):

FAX No:

FAKS Nr:

DONATION:

DONASIE:

KWITANSIE Nr

RECEIPT No. 5523

cash / eft / card

kontant / eft / kaart

VEHICLE MAKE:

VOERTUIG MAAK: NISSAN

COLOUR:

KLEUR: GRAY

WITNESS FOR SOCIETY:

10/01/2025

MICROCHIPPED ANIMAL REGISTRATION FORM



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. * 076 3006099
E-mail * coudenb@gmail.com
Title * MRS Initials * BAA
Street 85 DOLPHINS CREEK MORRISON RD
Suburb GOLF ESTATE
Country
Phone - Day time

Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifications.
If possible, please provide a personal email, not a company email.

Surname * COWDEN
City
Area Code GREAT BRAX
Province
Phone - Night time

OTHER CONTACTS

Title * Initials *
Cell No. *
Title * Initials *
Cell No. *
Title * Initials *
Cell No. *

Surname *
Surname *
Surname *

CHIP DETAILS

Registration Date *
Date of Implant * 09 - 01 - 2025
Was the Microchip implanted by this veterinary practice? ☒ Yes ☐ No
Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name Blondie
Species * FELINE
Colour GINGER
Gender Male ☒ Female

Date of birth 2024
Breed * DSH
Markings
Sterilised ☒ Yes ☐ No

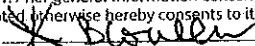
KENNEL UNION OF SOUTH AFRICA (KUSA)

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

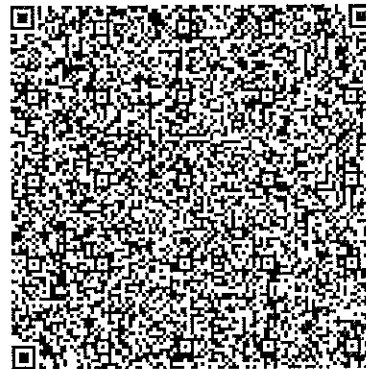
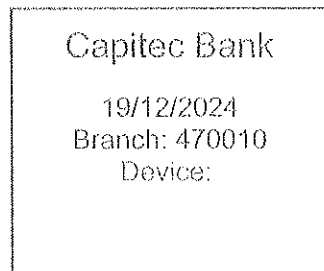
The client hereby agrees that his / her personal information herein supplied and / or any of his / her personal information already in possession of the veterinarian may be processed by the said Veterinarian and / or its office to bring about this agreement between the client and the veterinarian. The 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 (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.

One of the Global One money management products or services

Proof of Account Details



SkyQR
Download on the App Store
GET IT ON Google Play
Validate this document using SkyQR

To Whom It May Concern

We hereby confirm that Mrs Brigitte Cowden has the following account(s) at Capitec Bank Limited on 19/12/2024

Client Details

Name: Brigitte AA Cowden
ID/Passport Number: 7406110200088
Residential Address: 85 Dolphins Creek Golf Estate, Morrison Road, Great Brak River, Great Brak River, 6525
Postal Address: 85 Dolphins Creek Golf Estate, Morrison Road, Great Brak River, Great Brak River, 6525

Account Details

Account Status: Active
Account Type: Savings
Account Number: 1533833611
Branch Code: 470010
Date Opened: 2017-06-30

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

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

ADMISSION, ASSESSMENT AND HISTORY RECORD

Vet

1502



Garden Route

KENNEL No. <u>QRB31 (S)</u>				ADMISSION No. <u>MBY4905</u>		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	<u>9/12/24</u>	<u>N/A</u>	Time in	<u>16:45</u>	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	<u>9/12/24</u>
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	<u>9/12/24</u>	Microchip or ID Tag number	<u>None</u>	

DESCRIPTION & HISTORY	☒ Dog	☒ Cat	Other species (Specify) <u>3 km</u>			
	Breed	<u>DSH</u>		Colour and Markings	<u>light ginger</u>	
	Condition	<u>good</u>		Sex	<u>♀</u>	Age <u>Juvenile</u>
	Temperament	<u>friendly</u>		Sterilisation details	<u>None</u>	Name <u>-</u>
	Coat <u>black</u>	Tail <u>long</u>	Teeth Condition <u>good</u>	Ears <u>p</u>	Size <u>med</u>	
	Area found / collected from <u>Heidelberg</u>					Date <u>9/12/24</u>
	Reason for surrender <u>Stray</u>					

ASSESSMENT	Surrendered by		Name		<u>M.L. Cornelius</u>	
	Found by					
	Residential Address		<u>14 Geytes, Str</u>			
			<u>Heidelberg</u>			
	Postal Address		<u>none</u>			
	Tel (H)		<u>none</u>	Tel (W)	<u>none</u>	Cell <u>0745655555</u>
	Email		<u>none</u>			
	Donation R		<u>none</u>	Cash	Card	EFT

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 amptenare, en werknemers enige verpligtinge het, teenoor my ten opsigte van die hantering van die dier/e. Ek bevestig dat ek bo die ouderdom van agtien (18) jaar is. Sien ook die "Voorwaardes" op die agterblad.

Signature <u>[Signature]</u>	Witness for Society <u>[Signature]</u>
FOR OFFICE USE: PENDING ADOPTION	
Details of first Applicant	Details of second Applicant
Details of third Applicant	

Claimed ☐ Adopted ☐ Euthanased ☐ Died ☐ Other ☐

On Date:

GARDEN ROUTE SPCA			
ADOPTION VET CHECK - DR. DEMPSEY/DR SUZAAN			
KENNEL		DATE	
CARD NR		BREED	
COLOUR		STRAY/DONATED	
ANIMAL NAME		MALE/FEMALE	
ANIMAL BEEN VACC		PROOF OF VACC?	
STERILIZED		AGE	
GENERAL HEALTH			
EARS	/		
EYES	/		
TEETH	/		
NOSE	/		
LUNGS	/		
HEART	/		
ABDOMEN	/		
HIP	/		
SKIN & COAT	/		
FIT FOR ADOPTION	/		
COMMENTS:	20		

EARS

EYES

TEETH

NOSE

LUNGS

HEART

ABDOMEN

HIP

SKIN & COAT

FIT FOR ADOPTION

COMMENTS:



992003000486741

**APPLICATION TO ADOPT AN ANIMAL**

PLEASE NOTE: We retain the right to decline this application

*The following documents to be attached: - ID, proof of residence, proof that pets are allowed.*NAME - Prof/Dr/Mr/Mrs/Ms (Including initials): BAA COWDENHOME ADDRESS: 85 DOLPHINS CREEK GOLF ESTATEMOLLISON RD. GREAT BRACK RIVER ID NO.: 740611 0200088POSTAL ADDRESS: SAME AS ABOVETEL NO (H): 076 3006099 (B): _____CELL NO: 076 3006099 FAX NO: _____E-MAIL: COWDENB@GMAIL.COMAddress where animal will be kept: SAME AS ABOVEReason for wanting an animal: LOTS OF LOVEOccupation: IT ENGINEERDo you own or rent your property: OWN Do you have consent from owner / Body Corporate? YESAre you a student with consent to keep pets? YES/NO

Reason for wanting an animal: _____

Is the animal for yourself? YES/NOIs the animal a replacement for a pet which has died from: Distemper/Parvovirus/Snuffles/Cat Flu/Biliary YES/NOWhat breed of dog or cat are you interested in? ANYCan you afford private veterinary fees? YES Who is your vet? GREAT BRACK VET CHARTHow many animals live on your property DOGS 1 CATS 1 OTHER 1What are the sexes of your animals? DOGS: Male 1 Female _____ CATS: Male 1 Female _____Are all your animals sterilised? Give details YESHow many dogs and cats have you owned over the past 3 years? DOGS 1 CATS 2 OTHER _____Which animals do you still have, and what happened to the others? 1 DOG 1 CAT 1 CAT WENT MISSINGIs your property fenced and has a proper gate? YES Will you chain/cage an animal? NOFull description of the fencing and gate: WOOD FENCE IRON GATE Height: 1.2mWhat shelter is provided: OUTDOORS _____ KENNEL _____ OTHER INSIDEHave you previously had pets from an SPCA? YES Are there children under the 10 years in your household? NOPre Home Inspection Fee: R100 Receipt No.: _____**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

B. CowdenDate of application 6 JAN 2025



PRE HOME NO

MPRE 058

ADMISSION NO

MBY 4905

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

992003000486741

PASSED: ☒ YES / ☐ NO

DATE UNDERTAKEN:

7/1/25

TIME:

09:19

NAME OF APPLICANT:

BAA Cowden

ADDRESS:

85 Dolphins Creek, Golf Estate, Morrison Road,
Greatbrak

HOME TEL No:

CELL No:

076 3006099

ANIMAL(S) ADOPTING:

Cat

SEX:

Female

AGE:

1 yr.

PRE-HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence:	2.2	Suitability of fence (i.e. small pets can't escape):	
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?	
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	Collie X	DSH			
CONDITION	old	fair			
WELFARE (good?)	fair	fair			
SEX & AGE	Male / 12	Male / 14	1	1	1
STERILISED	YES ☒ / NO ☐	YES ☒ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:



CATS



SMALL DOGS



MEDIUM DOGS



LARGE DOGS

INSPECTED BY:

Nally Wegener

SPCA:

MBay SPCA

SIGNATURE:

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

MY OWNER

NAME BAA COWDEN

POSTAL ADDRESS

STREET ADDRESS 85 Dolphins Creek

Self Estate, Harrison Rd, Grootbrak

HOME PHONE

WORK PHONE

TELEPHONE 076 300 6099

REEDER DETAILS

ME

Feline
DSH
light Ginger
♀



992003000486741

NEXT VACCINATION DUE

DATE DATE

9/01/26

MSD
Animal Health

Quantel

I WAS VACCINATED ON

DATE 26/10/25

VACCINE RABISIN R

VET SIGNATURE SPCA

AWA

12/12/25

AWA

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

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

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

MSD

Animal Health

One of the best investments you can do for your pet is to keep them healthy. The studies show that the average pet owner spends

My money on the wrong things. I've wasted my money on products that don't work. I've wasted my money on products that don't work.

Now it's time to stop wasting money. It's time to start investing in your pet's health.

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 (isodihydroquinoline) 50 mg/ml tablet and Fenbendazole (benzimidazole) 500 mg/ml tablet. Exitel Plus XL (Reg. No. G4226 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 50 mg (equivalent to 144 mg pyrantel embonate) and Febantel 150 mg. Exitel Plus XL (Reg. No. G4227 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.

Find us on facebook

Exitel Plus

Exitel Plus XL

Exitel Plus

Exitel Plus

Exitel Plus XL

Exitel Plus

Quantel

Quantel

Quantel

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
COWDEN

Names:
BRIGITTE ADRIENNE
ALISON

Nationality:
RSA

Identity Number:
7406140200088

Date of Birth:
11 JUN 1974

Country of Birth:
RSA

Sex:
F

Status:
CITIZEN



Signature:
Blondin



AFRIHOST (Pty) Ltd
 Reg No: 2015/0000007 VAT No: 4510255123
 375 Mowbray Road, Durban, KwaZulu-Natal

TAXINVOICE

BRIGHTIE COWDEN

IN48988225

Cell 0759906700
 Email cowdenb@afrihost.co.za
 Address 58 Delydine street
 Mowbray road, Gresham's Ave, 4025

Account A1320906
 Invoice Date 2023-11-01
 Generated Date 2023-10-23
 Payment Date 2023-11-01
 Payment Method Debit Order

Description	From	To	Amount
Random House Networks - brightie@afrihost.co.za			
- 100Mbps Fixed Rate Fibre	2023-11-01	2023-11-30	R 957.00
- 100Mbps Port Upgraded Fibre			
- 100Mbps 100Mbps Fixed Rate Fibre			
100Mbps			



Subtotal payable	R 957.00
VAT @ 15%	R 143.55
Total	R 957.00

THANK YOU FOR YOUR BUSINESS

We will automatically debit the amount of R 957.00 to your Bank Account on 1st of Dec 2023. If your account has changed or you have any other problem, kindly get in touch with us to avoid possible billing problems.

YOUR ACCOUNT DETAILS AS SUBMITTED TO US:

You are paying via Debit Order with the account number ending in *****0511. You can manage your payment details by logging into ClientZone.

NEED HELP?

If you need more assistance or would like to share your feedback, please feel free to contact us on any of the platforms below.



WhatsApp: +27 31 200 0000
 Chat with us via WhatsApp on your mobile or desktop.



Like us on Facebook
 Get updates on products, services, and offers.



Follow us on Twitter
 Get the latest news and updates.