ADOPTION CHECKLIST

ADMISSION NO: MBY 5057

CONTRACT NO: MA000108T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [x] Copy of Identity Document or Driver's License
- [x] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 09/01/2025
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number 992003000486742

Adoptee INFO:

Name & Surname: BAA CAUDEN

Contact INFO: 076 300 6099

Completed by: _____ Date: 10/01/2025

Manager: _____ 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 processes.

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

ADMISSION No.
TOELATINGSNR. MBY 5057

ADOPTION CONTRACT

Garden Route

MA0001087

DOG / CAT	Breed	Male/Female
Microchip	992003000486742	

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.

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

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

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

UITPLASINGSKONTRA

Garden Route

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

Hierdie dier is aan u oorhandig met die vertroue dat u die dier 'n goeie tuiste sal bied met verantwoordelike en liefdevolle sorg. Eienaarskap van dier gee baie plesier en tevredenheid. Daar is ook verantwoordelikhede e verpligtinge wat nagekom moet word. Die feit dat hierdie dier in ons sorg was, dui gewoonlik daarop dat iemand hulle plig versuim het.

1. Ek onderneem en bevestig dat:
2. Ek ouer as agtien (18) jaar is.
3. Alle familielede stem saam oor die aanneming en sal al die voorwaardes in die kontrak nakom.
4. Indien ek om enige rede nie langer die dier kan versorg nie, onderneem ek om dit alleenlik aan die DBV terug te besorg. As ek om enige rede nie daartoe in staat is om die dier te hou nie sal ek nl besit van die dier afstaan nie tensy ek dit aan die DBV terugbesorg. Ingeval ek nie so optree nie, aanvaar ek aanspreeklikheid om alle onkostes aan die DBV te betaal wat hulle mag aangaan in die verkryging van bevestiging dat die dier by 'n geskikte persoon met aanvaarbare huis en erf gehuisves is. Ingeval dit nie die geval is nie aanvaar ek ook aanspreeklikheid vir alle onkostes wat die DBV mag aangaan, insluitende die regskostes volgens 'n prokureur en kliënt skaal, in die terugbesorging van die dier.
5. Ek sal die dier 'n redelike kans gee om aan sy nuwe tuiste gewoond te raak.
6. Ek begryp dat donasies nie oordraagbaar is of terugbetaal word nie.
7. Ek onderneem om die dier te versorg en te huisves na die Vereniging se tevredenheid.
8. Ek sal nie die dier vasketting of gehok hou nie, en aanvaar dat indien die dier wel in my besit vasgeketting of gehok gevind word, die Vereniging dit dadelik sal verwyder.
9. Ek kan die dienste van 'n private veeartsenykundige bekostig.
10. Ek onderneem om die dier se nodige inentings op datum te hou en in die geval van siekte of beserings sal ek 'n veearts se dienste gebruik
11. Ek verstaan dat, indien die dier siek word (beserings uitgesluit), binne sewe (7) dae van aanneming, ek die dier na die Vereniging mag bring vir behandeling deur sy veearts sonder enige koste (volgens die Vereniging se diskresie).
12. Ek onderneem om toe te sien dat die dier gesteriliseer word soos deur die Vereniging voorgeskryf.
13. Ek onderneem om my dier te identifiseer ter alle tye met behulp van 'n mikroskyfie of halsband en naamplaatjie - slegs rekbandjies mag vir katte gebruik word.
14. My erf is behoorlik omhein en ek sal nie toelaat dat my hond in die straat rondloop nie.
15. Ek sal binne agt-en-veertig (48) uur die Vereniging in kennis stel indien die dier sterf of verloor raak.
16. Ek verstaan en ken die "By-wette aangaande diere" van die Munisipaliteit waarin ek woonagtig is.
17. Ek sal toelaat dat 'n gemagtigde persoon van die Vereniging my erf kan besoek van tyd tot tyd, om te verseker dat die dier wel versorg word soos in die Uitplasingsbeleid uiteengesit. Ek sal toelaat dat die Vereniging die dier in besit neem indien die voorwaardes en reëls van hierdie beleid nie redelik nagekom word nie.
18. Ek sal nie die dier gebruik of toelaat dat die dier as 'n waghond gebruik word op enige industriele of kommersiële perseel nie.
19. Ek sal die Vereniging binne sewe (7) dae per geregistreede pos in kennis stel van enige verandering van adres

Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.
Ek verklaar hiermee dat ek nog nooit skuldig bevind of aangekla is van wreedheid of verwaarlosing van enige dier nie.

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

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including Initials)
NAAM - Prof/Dr/Mnr/Mvr/Me) (Insluitende voorletters): B AA COWDEN

HOME ADDRESS
WOONADRES: 85 Dolphins Creek, Golf Estate, Morrison Rd, Grootbrak

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7406110200088

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

(B):
(W):

CELL No:
SELFOON Nr: 076 300 6099

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. 5523

VEHICLE REG No.
VOERTUIG REG Nr. CBS 51488

VEHICLE MAKE:
VOERTUIG MAAK: NISSAN

COLOUR:
KLEUR: GRAY

SIGNATURE B Cowden

WITNESS FOR SOCIETY:
10/01/2025

Backhome

Virbac

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER

992003000486742

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

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.

Cell No. * 076 3006099

E-mail * cowdenb@gmail.com

Title * MRS Initials * BAA Surname * COWDEN

Street 85 DOLPHINS CREEK, GOLF ESTATE

Suburb MORRISON ROAD City

Country Area Code GREAT BRAK

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 * 16 - 01 - 2025

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 MAX

Species * FELINE

Colour BLACK

Gender (Male) Female

Date of birth 2024

Breed * DLH

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 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.

For this completed form to BackHome on 0800 222 546 (TOLL FREE) or 011 852 6364

Stern. 1503

ADMISSION, ASSESSMENT AND HISTORY RECORD

LOADED

Garden Route

KENNEL No.	~~C04~~ ~~C4~~ C3			ADMISSION No.	MBY5057	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	12/12/24		Time in	09:40	Date for release	

IDENTIFICATION & LOST AND FOUND		Lost & Found checked	Yes / No	Lost & Found Date checked	12/12/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	12/12/24	Microchip or ID Tag number	

DESCRIPTION & HISTORY

Dog	Cat	Other species (Specify)		
Breed	DLH		Colour and Markings	Black
Condition	Fair		Sex ♂	Age 2 months
Temperament	Fair		Sterilisation details No	Name
Coat long	Tail long	Teeth Condition Fair	Ears up	Size S
Area found / collected from	Donaboag			Date 13/12/24
Reason for surrender	Brought in on 12/12/24. Too many cats			

ASSESSMENT		
GOOD WITH:	Yes	No
Children		
Cats		
Other Dogs		
Livestock/Other		
DO THEY:	Yes	No
Jump Fences		
Run Away		
COMMENTS:		

Surrendered by / Found by		Name	Emienne Lategan
Residential Address	16 S. Conica Str. Donaboag		
Postal Address	N/A		
Tel (H)	N/A	Tel (W) N/A	Cell 072579 5004.
Email	N/A		
Donation R N/A	Cash	Card	EFT (Receipt No.) N/A

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: N/A Case No: N/A Inspector: N/A

STATEMENT OF SURRENDER

I do hereby certify that ~~I DO~~ / **DO NOT** own the animal/s described above, that **IT IS** / ~~IT IS NOT~~ a stray and ~~I DO~~ / **DO NOT** know where it comes from. I also freely surrender all interest, if any, therein to the SPCA, and I request that the animal be dealt with as deemed advisable in the discretion of the SPCA. It is expressly agreed that neither the SPCA nor its officers and employees will incur any obligation to me on account of such disposition of said animal/s. I confirm that I am over the age of eighteen (18) years of age. **Also see" Conditions on reversed side.**

Hiermee verklaar ek dat ek dier/e hierbo beskryf **BESIT / NIE BESIT NIE**, dat dit 'n **RONDLOPER / NIE RONDLOPER NIE** is, en dat ek **WEET / NIE WEET** waar dit vandaan kom nie. Ek doen ook vrywillig afstand van alle belange daarin, indien enige, ten gunste van die DBV en ek versoek dat die dier hanteer word soos wat die DBV goed ag. Daar word uitdrukilk ooreengekom dat nog die DBV nóg 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 Refer to MBY 4347	Witness for Society
FOR OFFICE USE: PENDING ADOPTION	Details of ~~second~~ Applicant
ails of Applicant	Details of third Applicant

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

C3 024

99200300048674 2

MA000108T

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 COWDEN

HOME ADDRESS: 85 DOLPHINS CREEK GOLF ESTATE MORRISON RD. GREAT BRAK RIVER ID NO.: 7406110270008 8

POSTAL ADDRESS: SAME AS ABOVE

TEL NO (H): 076 3006099 (B):

CELL NO: 076 3006099 FAX NO:

E-MAIL: COWDENB@GMAIL.COM

Address where animal will be kept: SAME AS ABOVE

Reason for wanting an animal: LOTS OF LOVE

Occupation: IT ENGINEER

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 an animal:

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? ANY

Can you afford private veterinary fees? YES Who is your vet? GREAT BRAK VET CRAFTS

How many animals live on your property DOGS 1 CATS 1 OTHER

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

Are all your animals sterilised? Give details YES

How 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 MISSING

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

Full description of the fencing and gate: WOOD FENCE IRON GATE Height: 1.2m

What shelter is provided : OUTDOORS KENNEL OTHER INSIDE

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

Pre 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 BCowden **Date of application** 6 JAN 2025

PRE HOME NO MPRE 058

ADMISSION NO MBY 5057

9920030004867 42

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

MA 000108T

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	/	/	/
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: Wally Wegencal **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

GOLF ESTATE, MORRISON RD, GREAT BRAK

HOME PHONE:

WORK PHONE:

CELL PHONE: 0763006099

OTHER DETAILS:

ME

SPECIES: Feline

BREED: DLH.

COLOUR: Black

SEX: Male.

DATE OF BIRTH:

MICROCHIP/TATTOO: 992003000486742

FEATURES/MARKS:

NEXT VACCINATION DUE

DATE	DATE	DATE
9/01/26		
7/01/25		

I WAS VACCINATED ON

DATE	VACCINE AND BATCH NO.	VET SIGNATURE
09/01/25	RABISIN R 924507 Lot/Batch: F48436 Ut. av./Exp.: 27/04-2026	SPCA
		AWA
18/12/25		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	

Give me the very best start in life you can and don't overlook me. I look to you for regular visits to vaccinate me against common diseases.
Wormed regularly during my first few weeks of life, I may still have worm eggs in my milk.
Now it is up to you to keep my vaccinations up to date as advised by my vet.

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

MSD Animal Health

Nobivac Quantel Exitel Plus Exitel Plus XL Bravecto

Find us on facebook.

facebook.com/BravectoSouthAfrica

TAXINVOICE

afrihost

Afrihost SP (Pty) Ltd
Reg No [illegible] VAT No [illegible]
[illegible]

BRIGITTE COWDEN

Cell	[illegible]
Email	[illegible]
Address	66 Dolphins creek Morrison road, Great brak river, 6525

IN46988225

Account	[illegible]
Invoice Date	2023-11-01
Generated Date	2023-10-23
Payment Date	2023-11-01
Payment Method	Debit Order

Description	From	To	Amount
Gordon Rocco Networks - brightec4@afrihost.co.za - 100Mbps Prepaid Fibre - 100Mbps Pure Uncapped Fibre - 100Mbps/100Mbps Prepaid Fibre 100032812	2023-11-01	2023-11-30	R 957.00

Subtotal [illegible]	R 832.17
VAT [illegible]	R 124.83
Total	R 957.00

THANK YOU FOR YOUR BUSINESS

[illegible] We will [illegible] charge the amount of R 957.00 to your Bank Account on or after 2023-11-01. If your account has changed or you know of 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 ****2511. You can change your payment details by logging into ClientZone.

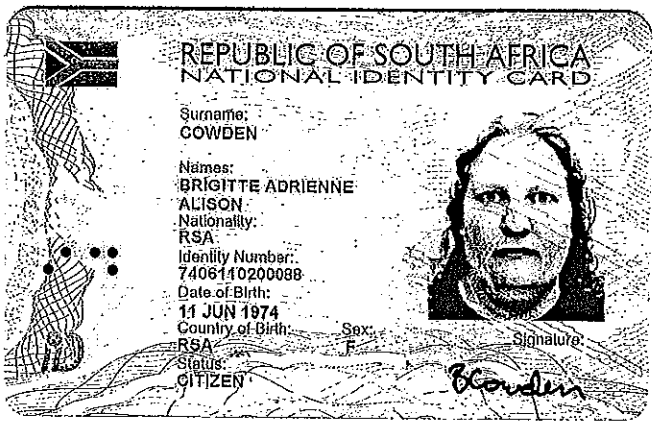
NEED HELP?

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

[illegible] Chat directly via WhatsApp on your mobile or desktop.

[illegible] Get answers to frequently asked questions.

[illegible] Contact [illegible] and [illegible].



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
COWDEN

Names:
BRIGITTE ADRIENNE
ALISON

Nationality:
RSA

Identity Number:
7406110200088

Date of Birth:
11 JUN 1974

Country of Birth:
RSA

Sex:
F

Status:
CITIZEN

Signature:

One of the Global One money management products or services

Proof of Account Details

CAPITEC

Capitec Bank

19/12/2024
Branch: 470010
Device:

SkyQR

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.