MBY 5453.

ADOPTION CHECKLIST

ADMISSION NO: MBY 5066 07

CONTRACT NO: MA000097T

- [x] Admission Form
- [x] Application for adoption
- [x] Pre-Home Inspection Report
- [x] Adoption contract
- [ ] Copy of Identity Document or Driver's License
- [ ] Proof of Residence
- [ ] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract Done 19/12/2024
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [ ] Microchip Registration- chip number 24/12/24 992003000486784

Adoptee INFO:

Name & Surname Kurt Muller

Contact INFO: 0739643914

Completed by: _____ Date: _____

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.

ADMISSION, ASSESSMENT AND HISTORY RECORD Loaded

DBV SPCA
Garden Route

KENNEL No. 16				ADMISSION No. MBY5066		
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in 17/12/24			Time in	10:44	Date for release	

IDENTIFICATION & LOST AND FOUND							
Lost & Found checked		Yes (Yes) / No	Lost & Found Date checked	17/12/24			
Microchip/Collar or ID tag found	Yes / No (No)	Date scanned or checked	17/12/24	Microchip or ID Tag number	None		

DESCRIPTION & HISTORY

Dog (Dog)	Cat	Other species (Specify)		
Breed	Toy Pom.	Colour and Markings	Wit	
Condition	fair	Sex	♂	Age ± 1 year.
Temperament	Fair-i	Sterilisation details	No	Name Goodsie
Coat L	Tail L	Teeth Condition Fair	Ears	Size M.
Area found / collected from	Mountain View			Date 17/12/24
Reason for surrender	Cant keep dog @ resident.			

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	EFLIAM NOVEMBER		
Residential Address	Mountain View - Jakkals Str 249 Mossel Baai				
Postal Address	No postal				
Tel (H) No num	Tel (W) No num	Cell 0783927 ...			
Email	No email.				
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 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	Witness for Society

FOR OFFICE USE: PENDING ADOPTION	Details of second Applicant
Details of first Applicant	Details of third Applicant

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

~~Pietermaritzburg~~ K36.

NSPCA Operations Manual 2020 992003000486784 MBY5066 Section 4-5D: Page 1

MA000094T

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): KURT MULLER

HOME ADDRESS: 39 STEVENS STR. GEORGE EAST GEORGE 6529 ID NO.: 790617 5158 089

POSTAL ADDRESS: SAME.

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

CELL NO: 0739643914 FAX NO: _____

E-MAIL: kurtmullersa@gmail.com

Address where animal will be kept: 39 STEVENS STR. GEORGE. EAST.

Reason for wanting an animal: DOG LOVING FAMILY.

Occupation: SONOGRAPHER / RADIOGRAPHER

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

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? _____

Can you afford private veterinary fees? ✓ Who is your vet? George

How many animals live on your property DOGS 0 CATS 2 OTHER _____

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

Are all your animals sterilised? Give details YES

How many dogs and cats have you owned over the past 3 years? DOGS 0 CATS 2 OTHER _____

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

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

Full description of the fencing and gate: ALL ROUND FENCING Height: 2m.

What shelter is provided : OUTDOORS ✓ KENNEL _____ OTHER & INDOORS.

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

Pre Home Inspection Fee: R100 Receipt No.: 5421

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 _____ **Date of application** 09/12/2024.

PRE HOME NO GPRE 053

ADMISSION NO MB 44461

MA00097T

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

9920030004867 84

PASSED: YES / NO DATE UNDERTAKEN: 17/10/24 TIME: 17:30

NAME OF APPLICANT: Kurt Muller.

ADDRESS: 39 Stevens SW. George East.

HOME TEL No: _____ CELL No: 0739643914

ANIMAL(S) ADOPTING: 1X J/R.

SEX: Male. AGE: Puppy.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Precon +- 6 feet		Suitability of fence (i.e. small pets can't escape): yes	
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?	gate + fence.
Any hazards? (pool, rubble, razor wire, etc)	YES ☐ / NO ☑	Specify: n/a	
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	DSH	DSH			
CONDITION	good	good			
WELFARE (good?)	good	good			
SEX & AGE	M	F	/	/	/
STERILISED	YES ☑ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐	YES ☐ / NO ☐

OTHER INFORMATION / COMMENTS Large, fully enclosed property. Cats in good condition.

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☑ **CATS** ☑ **SMALL DOGS**

☑ **MEDIUM DOGS** ☐ **LARGE DOGS**

INSPECTED BY: Gleon **SPCA:** George **SIGNATURE:** GGreenwood.

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

I WAS DEWORMED ON

DATE	PRODUCT	DATE	PRODUCT

NOTE TO MY OWNER
Regular vaccines as prescribed by my veterinarian and deworming every 2 weeks for under 12 weeks of age and every 3 months when I'm older are very important for keeping me healthy!

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 (signature) (BVSc)

DATE 19/12/2024

DOCTOR'S NAME Dr. A.S. Muller.

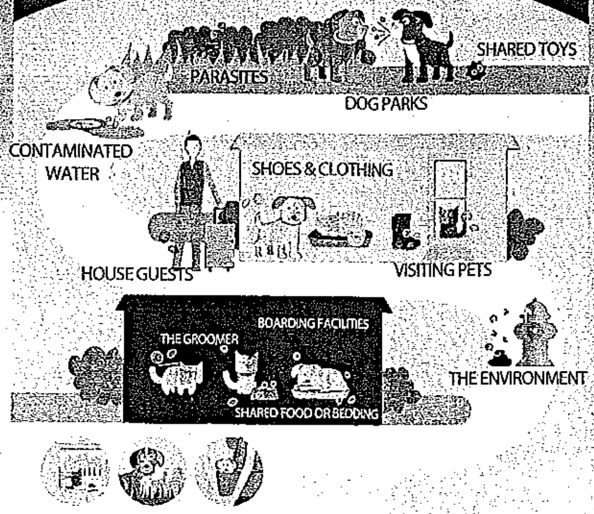
Garden Route SPCA
P.O. Box 273
George, 6530
Ph (044) 693 - 0824
PRACTICE STAMP

MSD Animal Health

Intervet South Africa (Pty) Ltd, Reg. No. 1991/006580/07
20 Spartan Road, Spartan, 1619, RSA | Private Bag X2026, Isando, 1600, RSA
Tel: +2711 923 9300, Fax: +2711 392 3158, Sales Fax: 086 603 1777

VACCINE RECORD CARD

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



PET'S NAME

MY VET

Backhome

Virbac

MICROCHIPPED ANIMAL REGISTRATION FORM

* COMPULSORY FIELDS
* PRINT INFORMATION

MICROCHIP NUMBER

992003000486784

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. * 0739643914.

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

E-mail * kurtmullersa@gmail.com

If possible, please provide a personal email, not a company email.

Title * MR Initials * K Surname * MULLER.

Street 39 Stevens Street City

Suburb Area Code George East

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 * 18 - 12 - 2025.

Date of Implant * 19 - 12 - 2024

Was the Microchip implanted by this veterinary practice? (Yes) No

Name of Vet who implanted the Chip DR BHO SMITH

PET DETAILS

Pet Name Date of birth 2024.

Species * CANINE Breed * POMERANIAN

Colour WHITE 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 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

ADMISSION No.
TOELATINGSNR. MBY5066

ADOPTION CONTRACT

MA 0009TT

Garden Route

DOG / CAT	Breed	:	Male/Female	
Microchip and or ID				

992003000486784

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.
15. 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.

UITPLASINGSKONTRAK

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 '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.

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 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 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 vasgekelting 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 verlore 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 vir 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): Kurt Muller

HOME ADDRESS
WOONADRES: 39 Stevens Str, George East, George

ID/PASSPORT No.:
ID/PASPOORT Nr.: 790617 5158 089

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

(B):
(W):

CELL No:
SELFOON Nr: 0739643914

FAX No:
FAKS Nr:

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

ADOPTION FEE:
AANEMINGSVOOI: R 850

cash /eft / card
kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No.

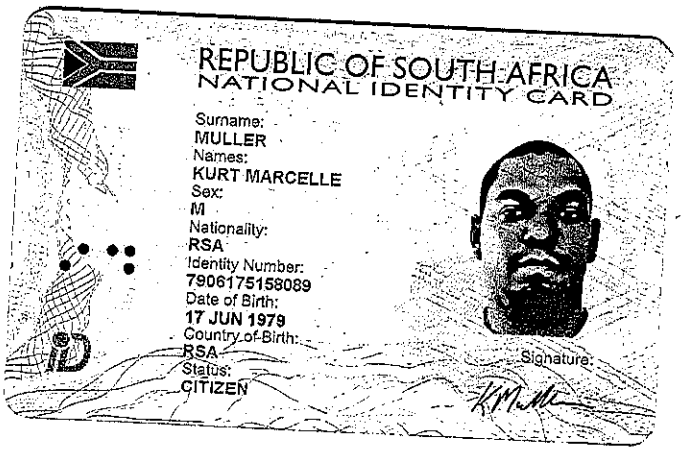
VEHICLE REG No.
VOERTUIG REG Nr. CAW 49099

VEHICLE MAKE:
VOERTUIG MAAK:

COLOUR:
KLEUR: Brown

SIGNATURE
HANDTEKENING:

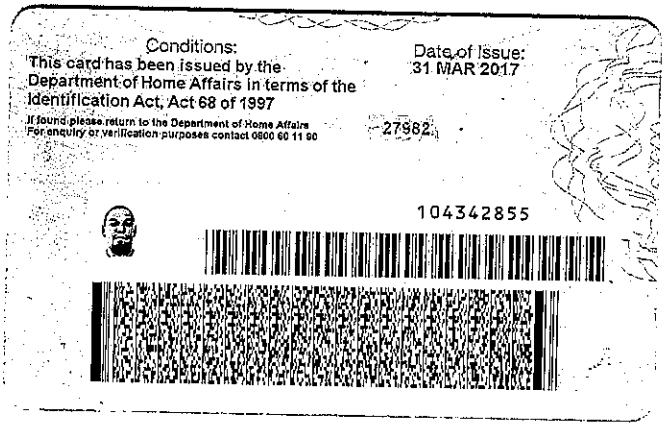
WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING.



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MULLER
Names:
KURT MARCELLE
Sex:
M
Nationality:
RSA
Identity Number:
7906175158089
Date of Birth:
17 JUN 1979
Country of Birth:
RSA
Status:
CITIZEN

Signature:



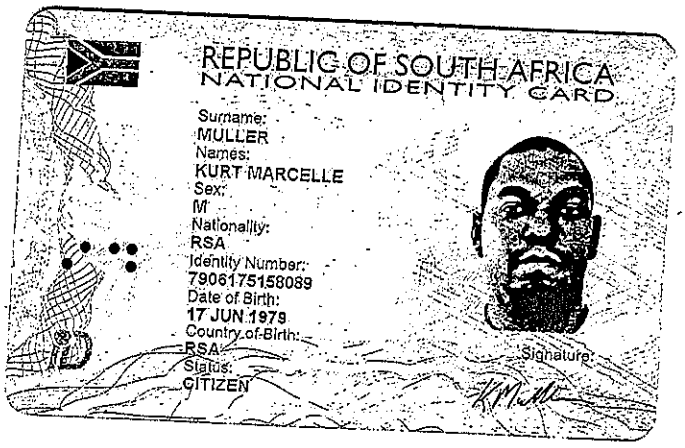
Conditions:
This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
31 MAR 2017

27982

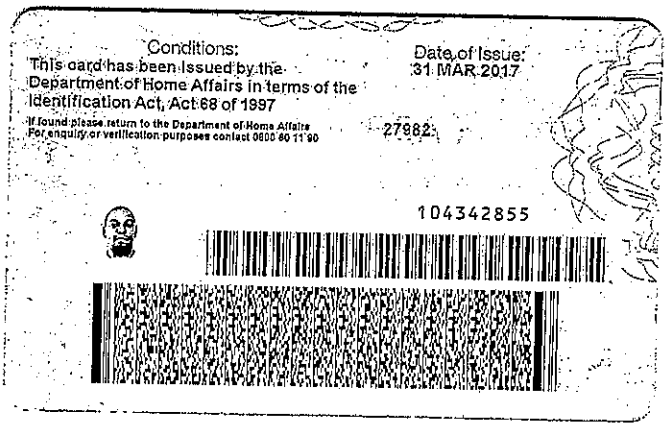
104342855



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
MULLER
Names:
KURT MARCELLE
Sex:
M
Nationality:
RSA
Identity Number:
7906175158089
Date of Birth:
17 JUN 1979
Country of Birth:
RSA
Status:
CITIZEN

Signature:



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

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For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
31 MAR 2017

27982

104342855

GEORGE MUNICIPALITY

Tax Invoice

GEORGE
VAT No. [illegible]
P.O.BOX 19, GEORGE, 6530
(044) 801-9111 086 589 6402
EMAIL: accounts@george.gov.za

EMAIL

GRG 1001850056

MR/MRS KMGD MULLER (08)
39 STEVENS STREET
GEORGE
6529

STATEMENT DATE	22/11/2024
TAX INVOICE NO.	11880942
ACCOUNT NO.	GRG 1001850056
RECEIPTS POSTED TILL	21/11/2024
GUARANTEE / DEPOSIT	
SUBURB	[illegible]
VALUATION	1500000
SITE ADDRESS.	STEVENS STREET 39
DEBTS DUE BY TENANTS	0.00
CLIENT VAT NO.	

SERVICE	OPENING BALANCE	RECEIPTS	CHARGE	INTEREST	ADJUSTMENTS	VAT	CLOSING BALANCE
	638.40	-638.40	489.71	0.00	0.00	73.46	563.17
	360.82	-360.82	313.76	0.00	0.00	47.06	360.82
	361.27	-361.27	314.15	0.00	0.00	47.12	361.27
	655.86	-655.86	655.86	0.00	0.00	0.00	655.86
TOTAL	2,016.35	-2,016.35	1,773.48	0.00	0.00	167.64	1,941.12

PLEASE SEE REVERSE FOR IMPORTANT NOTES.

OFFICE HOURS

[illegible] EXCLUDING PUBLIC HOLIDAYS

PAY POINTS

MUNICIPAL OFFICES: GEORGE, UNIONDALE, HAARLEM, POST OFFICES, PICK 'N PAY, SPAR, PEP STORES AND EASYPAY POINTS COUNTRYWIDE.

MESSAGE

PLEASE NOTE THAT YOUR ACCOUNT NUMBER, MUST BE PROVIDED AT ALL TIMES, WHEN YOU LODGE ANY ACCOUNT QUERY, [illegible] ACCOUNT STATEMENT.

TOTAL VAT	ARREARS	CURRENT	PAYMENT DATE	AMOUNT DUE
167.64	0.00	1,941.12	17/12/2024	R1941.12

	FUTURE	CURRENT	30 DAYS	60 DAYS	90 DAYS	90 DAYS +
MONTHLY	0.00	1941.12	0.00	0.00	0.00	0.00
ANNUAL	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	0.00	1941.12	0.00	0.00	0.00	0.00

Attention all consumers

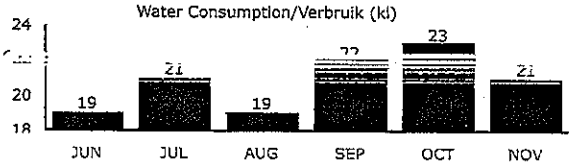
UPDATE YOUR DETAILS HERE

It is the responsibility of each and every consumer to enquire from the municipality if no account is delivered before the due date. Enquiries with regards to accounts can be made with the following options:

1)Email: Accounts@george.gov.za
2) Telephone: (044) 801 9111

Thank you!

Water:1401	Cons/Days New	21	31.00		
Water:1401	Basic New	1	147.46	169.58	22.12
Water:1401	0-6 New	6	20.81	143.59	18.73
Water:1401	Free New	6-	20.81	143.59-	18.73-
Water:1401	6-15 New	9	20.81	215.38	28.09
Water:1401	15-20 New	5	24.45	140.59	18.34
Water:1401	20-30 New	3	32.71	37.62	4.91



Tp.	Meter No.	Previous	New Reading	Factor	Consumption	Period	Daily Aver.
W	2120018	541	562		21.000	12/10-12/11	.97

Log & report faults, pay municipal bills, submit self-meter readings and more with the My Smart City App. Become a part of the Improvement Movement with George and My Smart City. Improve your city. Be part of the change. Download the app now!

PAYMENT DETAILS

ACCOUNT: GRG 1001850056

ALLOCATION 0118
ACCOUNT NUMBER 1001850056

Post Office
BOXER
Pick n Pay
SPAR
ACKERMANS
SHOPRITE
Checkers
Usave
Unipay

Smart Water Meter
UniPay
My Smart City
WOOLWORTHS

FNB
BRANCH CODE: 210554
ACCOUNT NUMBER: 62869523150
9153 0000 0100 1850 0565