ADOPTION CHECKLIST

ADMISSION NO: MBY 4323

CONTRACT NO: MA000086T

- [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
- [x] Letter from Body Corporate
- [x] Sterilization Contract and Date of sterilization Contract End January
- [x] Copy of Vaccination Record/ Certificate
- [x] Microchip
- [x] Microchip Registration- chip number 992003000486838

Adoptee INFO:

Name & Surname Liesl Rautenheimer

Contact INFO: 0782676244

Completed by: _____ Date: 06/12/2024

Manager: _____ Date: 06/12/2024

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.	CBNR .C3			ADMISSION No.	MBY4323	
Stray	Surrender	Abandoned	Returned	Impounded	Confiscated	Request for euthanasia
Date in	14/11/24		Time in	11:45	Date for release	

IDENTIFICATION & LOST AND FOUND

Lost & Found checked	Yes / No	Lost & Found Date checked	14/11/24
Microchip/Collar or ID tag found	Yes / No	Date scanned or checked	14/11/24
Microchip or ID Tag number	None.		

DESCRIPTION & HISTORY

Dog	Cat X	Other species (Specify)	B/I.		
Breed	DSH	Colour and Markings	Tabby		
Condition	Fair.	Sex	♀.	Age	4 weeks.
Temperament	Fair.	Sterilisation details	No	Name	
Coat M.	Tail L	Teeth Condition Fair.	Ears Pricked	Size	S.
Area found / collected from	Tarka.			Date	14/11/24
Reason for surrender	Stray.				

ASSESSMENT

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

COMMENTS:

Surrendered by / Found by	X	Name	Tulah Muller		
Residential Address	63 Steenbras Street Oceanview				
Postal Address	No postal.				
Tel (H)	No num	Tel (W)	No num	Cell	081 465 2852
Email	mullertylah24@gmail.com				
Donation R	None	Cash	Card	EFT	(Receipt No.) None

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 uitdrukiik 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:

99200300048683 8

Misty C3.

MA 000 86 T

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): LIESL RAUBENHEIMER

HOME ADDRESS: 48 KIERIEHOUT STR HARTENBOS HEUWELS

ID NO.: 6808020006086

POSTAL ADDRESS: _____

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

CELL NO: 0782676244 FAX NO: _____

E-MAIL: lieslraubenheimer@hotmail.com

Address where animal will be kept: 48 KIERIEHOUT STR, HARTENBOS HEUWELS, ~~HARTENBOS~~

Reason for wanting an animal: CAT LOVER

Occupation: RECEPTIONIST

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 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? YES Who is your vet? Danabrai Vet.

How many animals live on your property DOGS — CATS — OTHER _____

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

Are all your animals sterilised? Give details —

How many dogs and cats have you owned over the past 3 years? DOGS _____ CATS [redacted] 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): Average height Height: 1-2 Meters

What shelter is provided : OUTDOORS _____ KENNEL _____ OTHER ✓

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.: 5419

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** 30/11/24

PRE HOME NO: MPRE 043

ADMISSION NO: MBY 4323

After 5

PRE HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: YES / NO DATE UNDERTAKEN: 03.12.24 TIME: @ 17:15

NAME OF APPLICANT: Liesl Raubenheimer

ADDRESS: 48 Kieriehout Str, Hartenbos heuwels

HOME TEL No: _____ CELL No: 0782676244

ANIMAL(S) ADOPTING: Kitten

SEX: Female AGE: 8 weeks.

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: Wall - meshwire		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?	meshwire.
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?	

DESCRIPTION OF ANIMALS ON PROPERTY					
	1	**2**	**3**	**4**	**5**
BREED					
CONDITION					
WELFARE (good?)					
SEX & AGE	/	/	/	/	/
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: Luwana Bray **SPCA:** Mossel Bay. **SIGNATURE:**

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

DATE

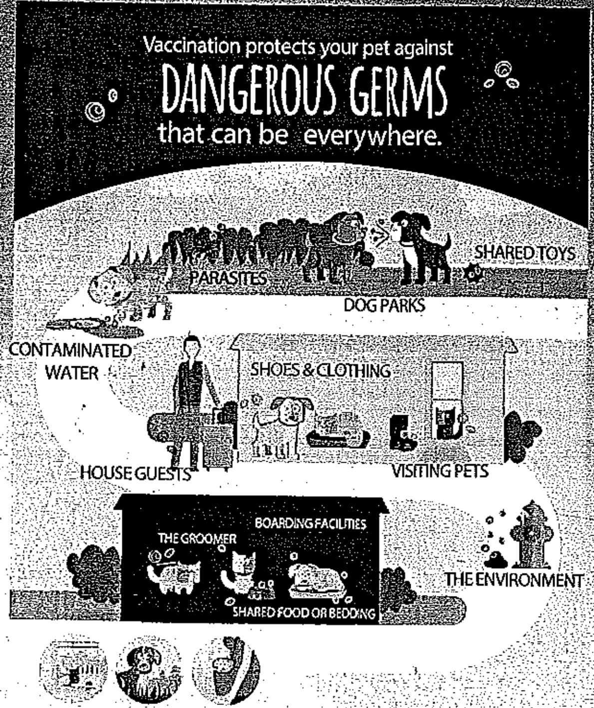
DOCTOR'S NAME

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



PET'S NAME

MY VET

Account Statement

Kieriehout 48 Flat

01 November 2024 to 31 January 2025

KEULER PROPERTY CONSULTANTS (PTY) LTD
Bloukransweg 21
Hartenbos
Mosselbay
Western Cape
6520

0446954012
admin@keulereiendomme.co.za

Liesl Raubenheimer

Kieriehout 48 Flat
Kieriehout 48
Western Cape

Created on 05 December 2024

Date	Ref	Description	VAT	Billed	Paid	Balance
2024-11-01		Opening balance brought forward				-6 000.00
2024-11-01	30851143	Rent for November 2024	0.00	6 000.00		0.00
2024-11-28	32434148	Payment Received 2024-11-28	0.00		6 000.00	-6 000.00
2024-12-01	31956643	Rent for December 2024	0.00	6 000.00		0.00
				Balance Due		**0.00**

Lease Summary

Lease End Date	2025-06-30
Current Rent	6 000.00
Deposit Balance	6 428.12
Interest Earned	178.12

KEULER PROPERTY CONSULTANTS (PTY) LTD BANK ACCOUNT

Only for payments from SA bank accounts

Account Name	KEULER PROPERTY CONSULTANTS
Bank	First National Bank
Branch Code	250655
Account	63100391951
Payment Reference	**Keul0147**

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D. No. 680802 0006 08 6

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

RAUBENHEIMER

VOORNAME/FORENAMES

LIESL

GEBOORTEDISTRIK OF -LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/DATE OF BIRTH 1968-08-02

DATUM UITGEREIK
DATE ISSUED

1986-10-22

Uitgereik op gesag van die
Direkteur-generaal:
Binnelandse Sake

Issued by authority of the
Director-General: Home

M.A00086T.

ADMISSION No.
TOELATINGSNR. MBY 4323

ADOPTION CONTRACT

Garden Route

DOG / CAT	Breed	:	Male/Female
Microchip	992003000486838		

This animal has been given ... that it will receive a good home with responsible and loving ... 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 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 rokbandjies mag vir katte gebruik word.
14. My erf is behoorlik omheen 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 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): Liesl Raubenheimer

HOME ADDRESS
WOONADRES: 48 Kieriehout Str, Hartenbos Heuwels

ID/PASSPORT No.:
ID/PASPOORT Nr.: 6808020006086

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

CELL No:
SELFOON Nr: 0782676244

FAX No:
FAKS Nr:

E-MAIL:
E-POS. lieslraubenheimer@hotmail.com

ADOPTION FEE:
AANEMINGSVOOI: R850 cash /eft / card kontant /eft / kaart

DONATION:
DONASIE:

KWITANSIE Nr
RECEIPT No. S419

VEHICLE REG No.
VOERTUIG REG Nr. CBS

VEHICLE MAKE:
VOERTUIG MAAK: Toyota

COLOUR:
KLEUR: Black

SIGNATURE
HANDTEKENING:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING:

06/12/2024

MA 000086T

STERILISATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MA 000086T DATE: 06/12/24

between Mosselbay SPCA

and

Name Liesl Raubenheimer

Address 48 Kiertehout Str. Hartenbos Heuwels

Telephone Numbers (H) (B)

to have spayed / neutered / vasectomised (delete whichever is not applicable):

Animal's Name Misty Sex Female Age ± 8 weeks

Description Tedby GSH

On (due date) End Jan 2025 Adoption Form No. MA 000086T

on the understanding that you will arrange to have this done at the Mosselbay Veterinary Hospital.

1. Should the animal be taken to another Veterinary Hospital or clinic for this surgical procedure without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred.
2. If the animal is not sterilised on the due date mentioned above, the Society **reserves the right to confiscate** the animal and **NO MONEY WILL BE REFUNDED.** The owner agrees that a member of the SPCA's staff may enter upon their premises in order to remove and/or inspect the animal.
3. This animal cannot be passed on to a new owner. The original sterilisation contract will be cancelled and a new one issued in the new owner's name free of charge.
4. In the event of the animal's death, proof must be submitted to the Society within seven (7) days.
5. The owner undertakes to bring the section 1 above to the attention of the Veterinary Practitioner who may, or will be, consulted by the owner.

I have read and fully understand the conditions above, which I accept unconditionally.

Signature of new Owner: _____ For SPCA: _____

CONFIRMATION OF STERILISATION:

Vet: _____ Signed: _____

Date: _____

Backhome

Virba

* COMPULSORY F
* PRINT INFORMA

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCH 992003000486838

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. * 0782676244 Only mobile numbers in South Africa, Botswana and Namibia will be receiving SMS notifica

E-mail * liesl raubenheimer@hotmail.com If possible, please provide a personal email, not a company email.

Title * MS Initials * L Surname * Raubenheimer

Street 48 Kieriehout Str City

Suburb Area Code Harteribos Heuwels

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 - 2024

Date of Implant * 06 - 12 - 2024

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

Name of Vet who implanted the Chip BHO SMITH

PET DETAILS

Pet Name MISTY Date of birth 2024

Species * OSH FELINE Breed * OSH

Colour TABBY 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 sai 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 informatio 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 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 informatio 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. personal information for marketing purposes and unless expressly stated otherwise hereby consents to its personal information being used by _____ 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