

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 13/06/2024 @ Mbay SPCA.
- ☒ Copy of Vaccination Record/ Certificate
- ☒ Microchip
- ☒ Microchip Registration- chip number 992003000356209

ADMISSION NO:

MBY2966

CONTRACT NO:

MBY0103

Adoptee INFO:

Name & Surname Craig Young

Contact INFO: 0793190838

Completed by: Kay levers

Date: 14/06/2024

Manager: [Signature]

Date: 14/06/2024

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

Loaned



Garden Route

KENNEL No. CB6				ADMISSION No. MBY2966		
☒ Stray	☐ Surrender	☐ Abandoned	☐ Returned	☐ Impounded	☐ Confiscated	☐ Request for euthanasia
Date in	04/06/24		Time in	13:45	Date for release	

IDENTIFICATION & LOST AND FOUND			Lost & Found checked	☒ Yes ☐ No	Lost & Found Date checked	04/06/24
Microchip/Collar or ID tag found	☒ Yes ☐ No	Date scanned or checked	04/06/24	Microchip or ID Tag number		

DESCRIPTION & HISTORY	☒ Dog	Cat	Other species (Specify)				
	Breed	X Breed		Colour and Markings	Dark brown		
	Condition	Fair		Sex	♀	Age	8 weeks
	Temperament	Friendly		Sterilisation details	NO	Name	
	Coat Short	Tail long	Teeth Condition Fair	Ears Down	Size Small		
	Found / collected from	Le Thuli				Date	04/06/24
	Reason for surrender	Stray					

ASSESSMENT		Surrendered by		Name		Clautia Williams		
GOOD WITH:		Yes	No	Found by		☒		
Children				Residential Address		30 Tuna Str.		
Cats						EXT 13		
Other Dogs				Postal Address		NIA		
Livestock/Other				Tel (H)		NIA	Tel (W)	NIA
DO THEY:	Yes	No	Cell		NIA			
Jump Fences			Email		NIA			
Run Away			Donation R		NIA	Cash	Card	
COMMENTS:				EFT		(Receipt No.) NIA		

PLEASE INSIST ON A RECEIPT

Confiscated: OB No: **NIA** Case No: **NIA** Inspector: **NIA**

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	Refer to MBY 2965	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: _____

ADMISSION No.
TOELATINGSNR.

MBY0103

ADOPTION CONTRACT



Garden Route

DOG / CAT	Breed	Male/Female
Microchip and or ID		



992003000356209

This animal has been receive a good home with responsible and loving care. Ownership of an animal yields much pleasure and satisfaction. It also has its obligations and responsibilities. The fact that the animal has been in our care usually indicates that someone has, in the past, failed to recognise these responsibilities.

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

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

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

ADOPTER NAME - Prof/Dr/Mr/Mrs/Ms (Including initials)
NAAM - Prof/Dr/Mnr/Mvr/Mej (Insluitende voorletters):

HOME ADDRESS
WOONADRES: 21 Mira Str, Danabaiy

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

CELL No:
SELFOON Nr: 0793190838

E-MAIL:
E-POS: craig@funkytelemo.co.za

ADOPTION FEE:
AANEMINGSVOOI: R150

VEHICLE REG No.
VOERTUIG REG Nr: CAA 406648

SIGNATURE
HANDTEKENING: [Signature]

DATE / DATUM: 14/06/24



Garden Route

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

UITPLASINGSKONTRAK

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

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

* Ek onderneem om nooit die dier wat ek aanneem te mishandel verwaarloos of te verlaat nie.

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

ID/PASSPORT No.:
ID/PASPOORT Nr.: 7309115215087

(B):
(W):

FAX No:
FAKS Nr:

DONATION:
DONASIE: KWITANSIE Nr: 3489
RECEIPT No:

VEHICLE MAKE:
VOERTUIG MAAK: Ford COLOUR: white
KLEUR:

WITNESS FOR SOCIETY:
GETUIE VIR VEREENIGING: [Signature]



ADMISSION NO

PRE AND POST HOME INSPECTION FORM DOMESTIC ANIMALS

PASSED: ☒ YES / ☐ NODATE UNDERTAKEN: 09/06/24 TIME: 11:00NAME OF APPLICANT: Craig YoungADDRESS: 21 Mira Str, DanabauHOME TEL No: _____ CELL No: 0793190838ANIMAL(S) ADOPTING: Leub X mom CB6SEX: Male AGE: 3 months

PRE- HOME INSPECTION:

PROPERTY DESCRIPTION			
Type and height of fence: <u>Rock / 1.2m</u>	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?	<u>0</u>

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
<u>Property is safe and secure</u> <u>Dog is going to lovely home</u>

PROPERTY APPROVED FOR THE FOLLOWING ANIMALS:

☒ CATS☒ SMALL DOGS☒ MEDIUM DOGS☒ LARGE DOGSINSPECTED BY: KLWSPCA: rose/hugSIGNATURE: [Signature]

POST HOME INSPECTIONS

DATE	RESULT	REMARK	BY WHOM

DIAGRAM OF PROPERTY ON REVERSE OF THIS PAGE

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THE UNIVERSITY OF CHICAGO PRESS

28/5/22

Nobivac[®] DHPPi (Reg. No. G-2377 Ad36/1947), Nobivac[®] KC (Reg. No. G-2804 Act 36/1947), Nobivac[®] Canine-1 DAPPV (Reg. No. G-3892 Act 36/1947), Nobivac[®] Felime-HCP (Reg. No. G-3880 Ad36/1947), Nobivax[®] Tritic Trif (Reg. No. G-3712 Act 36/1947), Nobivax[®] Rabies (Reg. No. G-2207 Act 36/1947), Quarantel[®] Tablets (Reg. No. G-2717 Act 36/1947) Contains (scopolamine) 50 mg/tablet and Fenbendazole (benzimidazole) 500 mg/tablet, Exelix Plus XL (Reg. No. G-4426 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504-mg pyrantel embonate) and Fenbendazole (benzimidazole) 500 mg/tablet, Exelix Plus XL (Reg. No. G-4427 Act 36/1947) Contains Praziquantel 175 mg, Pyrantel 175 mg (equivalent to 504-mg pyrantel embonate) and Fenbendazole (benzimidazole) 500 mg/tablet.

Create the environment you need to succeed

No more guesswork, frustration or stress. We do it all.

Now it's your turn to succeed. Call us today at 800-976-1111.

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RABIES VACCINATION CONTRACT

PLEASE READ CAREFULLY - THIS IS A LEGAL DOCUMENT

CONTRACT No. MBY 0103

DATE: 14/06/2024

between Mosselbay SPCA
and

Name Craig Young

Address 21 Mira Str, Danaburg

Telephone Numbers (H) _____ (B) 0793190838

to have vaccinated against rabies **within one (1) month of the adoption/due date** (delete whichever is not applicable):

Animal's Name _____ Sex Female Age 10 weeks

Description Collie X Brown + White

On (due date) 01 July Adoption Form No. MBY0103

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

1. Should the animal be taken to another Veterinary Hospital or Clinic for the vaccination without the written authorisation of this Society, the owner will be responsible for the payment of any fees incurred and the owner is obligated to provide the Society with proof of the vaccination within one (1) month of the date of adoption.
2. If the animal is not vaccinated on the due date mentioned above, the Society **reserves the right to repossess** 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 repossess and/or inspect the animal.
3. This animal cannot be passed on to a new owner. Refer to Adoption Contract.
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 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 RABIES VACCINATION:

Vet: _____ Signed: _____

Date: _____

MICROCHIPPED ANIMAL REGISTRATION FORM

MICROCHIP NUMBER



992003000356209

VET OR WELFARE ORGANISATION

Vet Practice Number *

Vet Practice Name *

Vet Practice Phone - Daytime *

PET OWNER INFORMATION

Cell No. * 0793190838

E-mail * craig@funkylemon.co.za

Title * MR Initials * C

Street 21 MIRA STREET

Suburb

Country

Phone - Day time

OTHER CONTACTS

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

Title * Initials *

Cell No. *

CHIP DETAILS

Registration Date *

Date of Implant * 13 - 06 - 2024

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

Name of Vet who implanted the Chip LUCIANO BAYI

PET DETAILS

Pet Name CoCo.

Species * DOG

Colour BROWN & WHITE

Gender Male ☒ Female

KENNEL UNION OF SOUTH AFRICA (KUSA)

Are you a KUSA Registered Member? Yes ☐ No ☐

KUSA Registration Number

Pet Registered Name

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

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 * YOUNG

City

Area Code DANABAY

Province

Phone - Night time

Surname *

Surname *

Surname *

Date of birth 2024

Breed * COLLIE X

Markings

Sterilised ☒ Yes ☐ No

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 on dog training etc. 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

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname:
YOUNG
Names:
CRAIG
Sex:
M
Nationality:
RSA
Identity Number:
7309115215087
Date of Birth:
11 SEP 1973
Country of Birth:
RSA
Status:
CITIZEN


Signature:

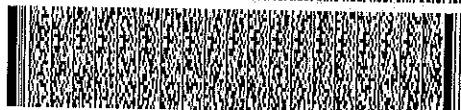


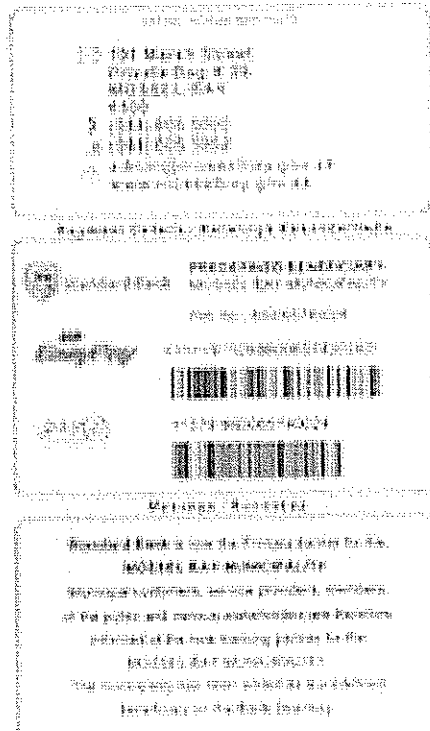
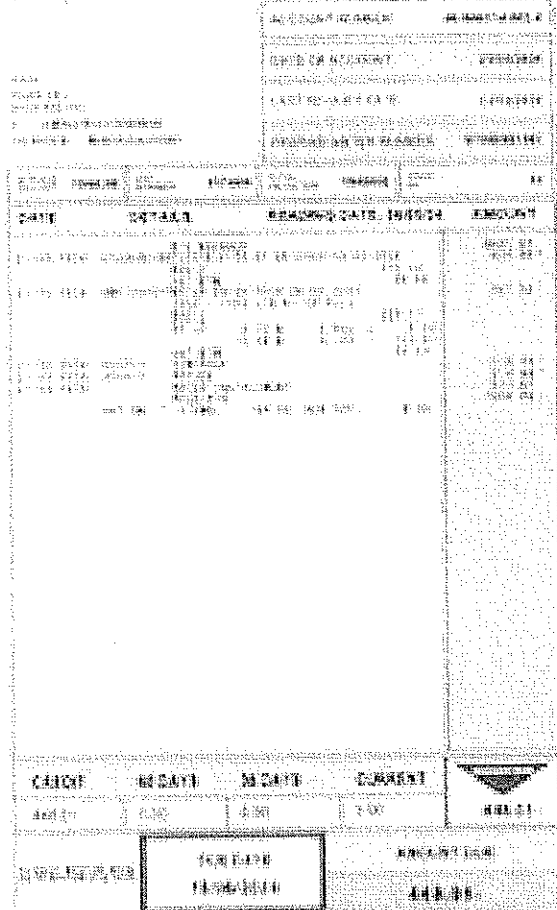
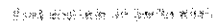
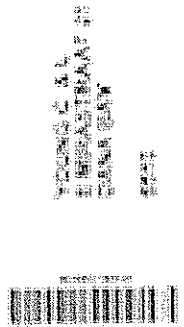

Conditions:
This card has been issued by the
Department of Home Affairs in terms of the
Identification Act, Act 68 of 1997
If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 80

Date of Issue:
23 JUN 2017

39078

104902891





2014年12月15日

Figure 1. The effect of the concentration of the H_2O_2 solution on the amount of the released H_2 gas from the H_2 gas-generating system. The amount of the released H_2 gas was measured at 25 °C for 10 min. The concentration of the H_2O_2 solution was 0.01, 0.02, 0.05, 0.1, 0.2, 0.5, 1, 2, 5, 10, 20, 50, 100, 200, 500, 1000, and 2000 ppm. The amount of the released H_2 gas was measured at 25 °C for 10 min. The concentration of the H_2O_2 solution was 0.01, 0.02, 0.05, 0.1, 0.2, 0.5, 1, 2, 5, 10, 20, 50, 100, 200, 500, 1000, and 2000 ppm.

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization of α -methylstyrene in the presence of SnCl_4 at 25°C .

On 11/11/1964, the following information was received from the Bureau of the Census, Washington, D.C.:

1990年12月15日

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 83

Figure 1. The study area.

[illegible]

《中国大百科全书·中国音乐》卷

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

328-1235

[illegible]

重慶市公共汽車公司 重慶市公共汽車公司 重慶市公共汽車公司

1. 2019年12月31日，公司应收账款账面余额为1,000,000.00元，坏账准备余额为100,000.00元。2020年1月1日，公司应收账款账面余额为1,000,000.00元，坏账准备余额为100,000.00元。2020年12月31日，公司应收账款账面余额为1,000,000.00元，坏账准备余额为100,000.00元。

1990年，在《中国环境报》上，曾刊登过一则关于“中国环境报”的报道，其中提到：“中国环境报”是“中国环境报”的“中国环境报”。

[illegible]



MOSSEL BAY MUNICIPALITY
MOSELBAAI MUNISIPALITEIT
UMASIPALA WASEMOSELBAYI

Name:
YOUNG C & L
Street Address:
21 E MIRASTRAAT DANABAY
TAX INVOICE MONTHLY ACCOUNT

ACCOUNT NUMBER: 86-006574-002-4
DATE OF ACCOUNT: 23/05/2024
LAST RECEIPT DATE: 22/05/2024
PREPAID METER NUMBER: 07086861981

SERVICE DEPOSIT: 1940.00 ERF NUMBER: 6374000 TOTAL VALUATION: 1900000 WARD No: 11

| DATE | DETAILS | READING DATE: 08/05/24 | AMOUNT |
|------------|--|------------------------|-----------|
| 21/05/2024 | B/F BALANCE | | 4601.07 |
| 0708686198 | ELECTRICITY 07/05/2024-19/05/2024 | | 434.40 * |
| | BASIC | | 377.74 |
| | VAT/8%W | | 56.66 |
| 21/05/2024 | ANR1204517 WATER 09/04/2024-08/05/2024 | | 387.52 * |
| | 1045 - 1063 (18 kl 29 days) | | |
| | BASIC | | 224.17 |
| | 07/23 5.72 @ 0.000 = | | 0.00 |
| | 12.28 @ 9.186 = | | 112.81 |
| | | | 50.54 |
| 21/05/2024 | 400011 VAT/8%W | | 316.44 * |
| 21/05/2024 | 300011 SEWERAGE | | 274.89 * |
| 21/05/2024 | REFUSE | | 537.67 |
| | RATES INSTALLMENT | | 7000.00 - |
| | RECEIPTS | | |
| | VAT ON ** ITEMS: 184.32 ACR TOT: 0.00 | | |

| CREDIT | 60 DAYS | 30 DAYS | CURRENT | |
|---------|---------|---------|---------|---------|
| 448.01- | 0.00 | 0.00 | 0.00 | 448.01- |

| PAYMENT MUST BE MADE ON OR BEFORE DUE DATE | DUE DATE | AMOUNT DUE |
|--|------------|------------|
| | 18/06/2024 | 448.01- |

Page 1 of 1

Van en skour af.



VAT No. / BTW Nr. 4030116370
101 Marsh Street
Private Bag X 29
MOSEL BAY
6500
(044) 606 5000
(044) 606 6062
admin@mosselbay.gov.za
www.mosselbay.gov.za

Payment Details / Betalings Besonderhede

Standard Bank PREDEFINED BENEFICIARY,
MOSEL BAY MUNICIPALITY
Ref. No.: 860065740024
EazyPay >>>>>915268600657400240
pay2d 11379 860065740024

Message / Boodskap

Standard Bank is now the Primary banker for the
MOSEL BAY MUNICIPALITY.
Municipal customers, service providers, members
of the public and various stakeholders are therefore
informed of the new banking partner for the
MOSEL BAY MUNICIPALITY.
The municipality has been added as a predefined
beneficiary on the Bank Directory.



YOUNG C & L
E MIRASTRAAT 21
DANA BAY
6510



Fold and tear on perforation.