

Stand No 1122 Sandriver Trust
 Hazyview, Mpumalanga
 Tel: 066 238 2296 / 082 935 2502
 Email: bethelprecreche@gmail.com
 NPO No: 080-219 | EMIS No: 801000042



SECTION 1: Learner Details

Full Name:	CHARISHMA	Date of Birth:	2022-07-24
Age:	04	Gender:	FEMALE
ID Number (if available):	220740656081	Home Language:	SISWATI
Current Class:		First Day of Attendance:	

SECTION 2: Parent / Guardian Information

Parent/Guardian 1 - Full Name:	NELLY	Relationship to Learner:	MOTHER
ID Number:	9302140636086	Occupation:	WIMPY HAZYVIEW
Phone Number:	072 66 4 6689	Alternative Contact:	
Email Address:	nellyndhi@tdg.co.za	Residential Address:	
Parent/Guardian 2 - Full Name:	HLOBISILE	Relationship to Learner:	AUNT
ID Number:	9704150587085	Occupation:	
Phone Number:	076 585 0900	Alternative Contact:	
Email Address:	N/A	Residential Address:	

SECTION 3: Emergency & Medical Information

Emergency Contact Name:	THABA	Contact Number:	071 575 7707
Relationship to Learner:	UNCLE	Family Doctor:	
Doctor's Contact Number:	013 737 7321	Medical Aid (Yes/No):	YES
Medical Aid Name:	JAMS	Medical Aid Number:	0775274
Allergies / Medical Conditions:			
Medication currently taken:			

SECTION 4: Collection & Transport

Authorized Persons to Fetch Learner (Name & ID):	THANDO MKHUMBUZA
Transport Method (Parent/Transport/Walk):	Transport
If using school transport, Route/Driver Name:	

SUID-AFRIKAANSE POLISIEDIENS
 C.S.C.
 13 -01- 2026
 HAZYVIEW
 SOUTH AFRICAN POLICE SERVICE

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.

2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 930214 0636 086



S.A. CITIZEN

SURNAME
 NDHILAKUDE

FORENAMES
 NELLY BRIDGETT

COUNTRY OF BIRTH
 SOUTH AFRICA

DATE OF BIRTH
 1993-02-14



DATE ISSUED
 2011-11-21

ISSUED BY AUTHORITY OF
 THE DIRECTOR-GENERAL
 HOME AFFAIRS

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT

MAGSNOMMER / FORCE NUMBER: 85320023
 HANDTEKENING / SIGNATURE: [Signature]
 NAAM IN DRUKSKRIF / NAME IN PRINT: Nkama
 RANG / RANK: TSM HS



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 6274125

83/DHA - 5

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

BIRTH CERTIFICATE

CHILD IDENTITY NUMBER: 2207240656081
 SURNAME: MAKWELA
 FORENAMES: CHARISHMA MOTSATSI
 CONSTANCE
 GENDER: FEMALE DATE OF BIRTH: 2022-07-24
 PLACE OF BIRTH: NELSPRUIT
 COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 9302140636000

MAIDEN/SURNAME: NDHLAKUDE
FORENAMES: NELLY BRIDGETT

DATE OF BIRTH: 1993-02-14
PLACE OF BIRTH: MAJIKA
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 8808215680008

SURNAME: MAKWELA
FORENAMES: MASILU HEARNEST

DATE OF BIRTH: 1988-08-21
PLACE OF BIRTH: TZANEEN
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
NONE

SUID-AFRIKAANSE POLISIEDIENS
 SOUTH AFRICAN POLICE SERVICE
 13-01-2026
 C.S.C.
 HAZYVIEW

DEPARTMENT OF HOME AFFAIRS
 PRIVATE BAG X2032
 HAZYVIEW 1242
 2022-08-05
 HAZYVIEW (08)
 OFFICIAL DATE STAMP

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DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20220805

ISSUED BY: YEV242

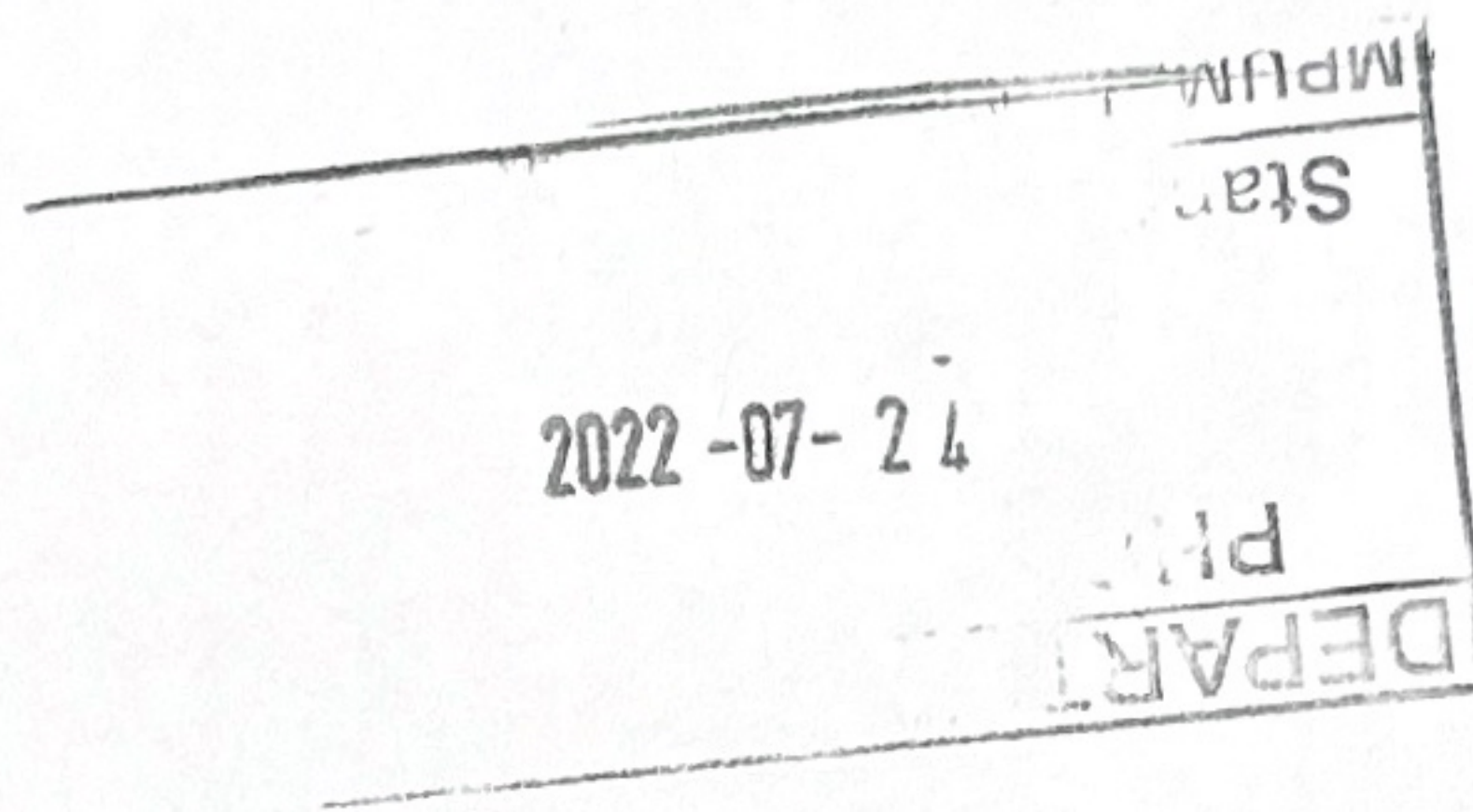
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 NAAM IN DRUKSKRIF / NAME IN PRINT Nkomo HS

This book is provided at birth by staff at the health facility.
 If birth takes place at home this book must be given the first
 time a health worker sees the baby.

This book is **FREE** to ALL BABIES in both public and private
 health care. It must be replaced for free if lost or damaged.

This book belongs to:

Place



CHILD'S NAME:	CHARISHMA																				
CHILD'S SURNAME:	MAKWELA																				
DATE OF BIRTH:	2022-07-24																				
CHILD'S ID NUMBER:																					
BIRTH WEIGHT:	2.8 kg					GESTATIONAL AGE:	Low														
MOTHER'S NAME:	Nelly					FATHER'S NAME:	Masily														
MOTHER'S CONTACT DETAILS:	072 664 6689					FATHER'S CONTACT DETAILS:	1582 542 2831														



SECTION 5: Consents

	Yes/No
I consent to medical treatment in case of emergency	YES
I allow my child to appear in group photos for internal use	YES
I confirm all information is true and correct	YES
I have received and understood the crèche rules and policies	YES

Parent/Guardian Signature: [Signature] Date: 14/01/26 Admin Signature
Admin Signature (Office Use): _____ Date: _____

SECTION 6: Referral

How did you hear about Bethel Crèche?

- Referred by a parent or guardian
- Referred by a staff member
- Social media / Online
- Saw the signage or school
- Other: _____

If referred, please provide the FULL NAME of the person who told you about Bethel Crèche:

LUCIA MASTERO

What is your relationship to that person?

- Family Friend Crèche staff member Other: _____

Did this person personally help you register or bring you to the crèche?

- Yes No

Signature of Parent/Guardian: [Signature] Date: 14/01/26