

Enq. Khoza HNS
0829352502
0662382296



Application Form

Stand No. 1122 Sand River Trust
P O Box 1698, Hazyview, 1242
Mpumalanga

2024

Child's Full Name and Surname: Happiness Nyundu
Date of Birth: 26/01/2021
ID Number: 2101260800085
Home language: SiSwati
Gender: female

Parent, Guardian or Caregiver Name: Nondumiso Maiti
Parent/guardian/caregiver ID: 011190944087
Telephone number: 063 711 2955
Place of work:
Home Address:
Income per month:

Parent, Guardian or Caregiver Name: Stanley Nyundu
Parent/guardian/caregiver ID: 931125235802081
Telephone number: 072 5578419
Home Address: 082 302 2976 / 076 480 8670
Place of work:
Income per month:

Number of dependants under 18 years: 1
Emergency number:
Name and phone number of child's regular doctor or clinic:
Medical issues:

Allergies:

This form must be returned with the

- Copy of Child's clinic card/health card,
- Copy of child's birth certificate,
- Parent/guardian/caregiver copy of ID
- A pay card or salary slip or copy of child support grant for parents, guardian or caregiver

I agree to pay the school fees of _____ per month and to follow the rules and regulations of the centre.

Signed: 

Date: 29/01/2024

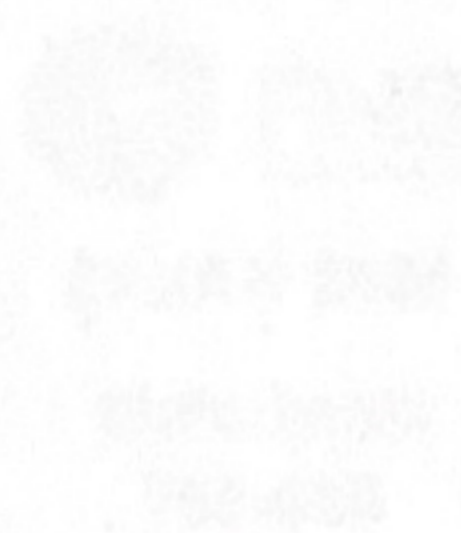
FOR OFFICE USE ONLY:

Date received:

Date & Time of Interview:


All forms received:


Date accepted:





REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: **MALATJI**
 Names: **INDUMISO MATJATJI**
 Sex: **F**
 Nationality: **RSA**
 Identity Number: **01111909-6-0087**
 Date of Birth: **10 NOV 2001**
 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 103 of 1997**

Date of issue: **14 APR 2020**

RSA

116032427







29 JAN 2024

Statements
250-655

FNB Verified Statement
29/01/2024

Reference Number: VODSBMTFBDQL

To Verify this statement, please keep the above reference number and the customer's ID number / Business Registration number on hand. Visit www.fnb.co.za, select Contact us + Tools on the menu, followed by Verify Statement and follow the on screen instructions. The Reference number is valid for 3 months.

how can we help you?

MISS NONDUMISO M MALATJI
STAND NO 90227
SANDRIVER TRUST
HAYZVIEW
1242

Hazyview
Shop L1, Bluehaze Shopping Centre Complex
P O Box 1706
Branch Code 271152
(013) 7377104
(013) 7377970

Statement Period : 30 December 2023 - 29 January 2024
Statement Date : 29 January 2024

EASY ACCOUNT: 63034071116

Date	Descriptions	Amount	Balance	Bank Charges
	Opening Balance		7.45 Dr	
30 Dec	#Monthly Account Fee	5.25 Dr	12.70 Dr	
05 Jan	Smart-ap Prepairstime 06	55.00 Dr	67.70 Dr	
05 Jan	Socpenmp - 0111190944087 C	510.00 Cr	442.30 Cr	
06 Jan	Schd Trxn No Pmt To On4	0.00 Cr	434.30 Cr	
08 Jan	#Failed Schd Trxn Chg On4959	8.00 Dr	434.30 Cr	
08 Jan	Purch S2s*marube Supermark4578	440.00 Dr	5.70 Dr	
	Closing Balance		5.70 Dr	



home affairs

Department:
Home Affairs
REPUBLIC OF SOUTH AFRICA

H 1562970

83/294-9

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

BIRTH CERTIFICATE

CHILD
SURNAME: NYUNDU
FORENAMES: HAPPINESS THANDOLWETHU
IDENTITY NUMBER: 2101260800085

GENDER: FEMALE
DATE OF BIRTH: 2021-01-26
PLACE OF BIRTH: MATIKWANA
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER: IDENTITY NUMBER : 0111190944087

MAIDEN/SURNAME: MALATJI
FORENAMES: NONDUMISO MATJATJI

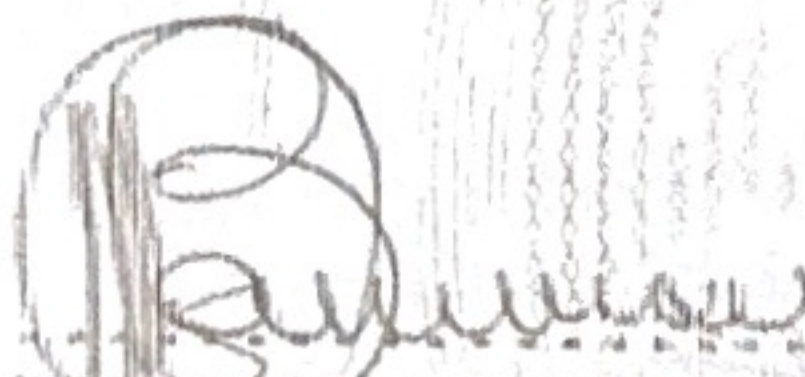
DATE OF BIRTH: 2001-11-19
PLACE OF BIRTH: PHALABORWA
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9311235803081

SURNAME: NYUNDU
FORENAMES: STANLEY

DATE OF BIRTH: 1993-11-23
PLACE OF BIRTH: BONGANI
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:
REGISTERED BY BOTH PARENTS.


DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20210208

ISSUED BY: YGS244

DEPARTMENT OF HOME AFFAIRS
10 FREDERICKS STREET
WHITE RIVER 1240
2021-02-08
LOCAL OFFICE: WHITE RIVER
OFFICIAL DATE STAMP



FOR OFFICE USE ONLY:

DATE RECEIVED:

BY WHOM RECEIVED:

DATE & TIME OF RECEIPT:

BY WHOM RECEIVED:

NEONATAL INFORMATION

Birth weight:	Birth length:	Head circumference at birth:
Gestational age (weeks)	Rh factor	Mother's RPR
Antenatal (Maternal history):		
Intrapartum (including mode of delivery):		
APGAR	1 min	5 min
	9/10	9/10
Neonatal problems: (Identify high risk problems):		
Neonatal Feeding: <input type="checkbox"/> Exclusive breast <input type="checkbox"/> Exclusive formula		
Special care plan / input required (e.g. Kangaroo Mother Care)		
Specify:		
Post-discharge plan (if baby was admitted in a neonatal ward/premature):		

PMTCT/HIV INFORMATION

Child's first name and surname: **HAPPINESS MUNDI**

Child's ID Number: **2101260800099**

Signature of consent _____

Date: _____

Fill in this section on discharge from Midwife Obstetric Unit (MOU) or obstetric ward or at first subsequent visit if not yet done

Mother's latest HIV test result: Positive Negative To be done

When did mother have the test? Before pregnancy During pregnancy At delivery

Is the mother on life-long ART? Yes No

If yes, duration of life-long ART < 4 weeks > 4 weeks Before pregnancy at time of delivery

Document ARVs the mother received:

Did the mother receive infant feeding counseling? Yes No

Decision about infant feeding Exclusive breast Exclusive formula

Document Nevirapine given:

All HIV exposed infants should receive Nevirapine for a minimum of 6 weeks

Has the mother disclosed to anyone in the household? Yes No

Has the mother's partner been tested? Yes No

Remember to offer testing for all the mother's other children if not yet done

Offer a mother with unknown HIV status a rapid HIV test. If mother's HIV rapid test is positive, perform an HIV DNA PCR test on Infant if > 6/52