

Enq. Khoza HNS  
0829352502  
0662382296



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

**ADMISSION FORM: 2024/2025**

**Child's Full Name and Surname** Chiloane Zanoxolo Nhlamulo - Ofentse

Date of Birth: 2021/11/08

ID Number: 2111086085084

Home language: SISWATI

Gender: Male

**Mother, Guardian or Caregiver Name** Ngomane Nobile Maria's

Parent/guardian/caregiver ID: 9604240311084

Telephone number: 082 685 0630

Place of work: None

Home Address: \_\_\_\_\_

Income per month: \_\_\_\_\_

**Father, Guardian or Caregiver Name** Chiloane Tony

Parent/guardian/caregiver ID: 9607095772086

Telephone number: 072 473 9091

Home Address: \_\_\_\_\_

Place of work: \_\_\_\_\_

Income per month: \_\_\_\_\_

Number of dependants under 18 years: None

Emergency number/s: 082 685 0630

Name and phone number of child's regular doctor or clinic: N/A

Medical issues: None

Allergies: None

**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 proof of income or copy of child support grant for parents or bank statement where SASA is paid to.

I agree to pay the school fees of \_\_\_\_\_ per month and to follow the rules and regulations of the creche/centre.

Signed: [Signature]

Date: 17/10/2023

**FOR OFFICE USE ONLY:**

Date received: 17/10/2023

Date & Time of Interview: N/A

All forms received by: S-Sambo

Date accepted: 17/10/2023

Attending from: Jan 2024

Assigned class: \_\_\_\_\_

 **REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**NGOMANE**

Names:  
**NCOBILE MARCIA**

Sex:  
**F**


Nationality:  
**RSA**

Identity Number:  
**9604240311084**

Date of Birth:  
**24 APR 1996**

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 99

Date of Issue:  
**31 AUG 2022**

**RSA**



119572877





ENQ: ZITHA N  
REF: 9/1/5  
TEL: 013 709 7019

**RE: CONFIRMATION LETTER OF A BENEFICIARY IN RECEIPT OF SOCIAL GRANT/S**

**Name and Surname of the beneficiary: NGOMANE NM**

**I.D. No: 96042403110084**

**Address: Sandriver Trust 3748**

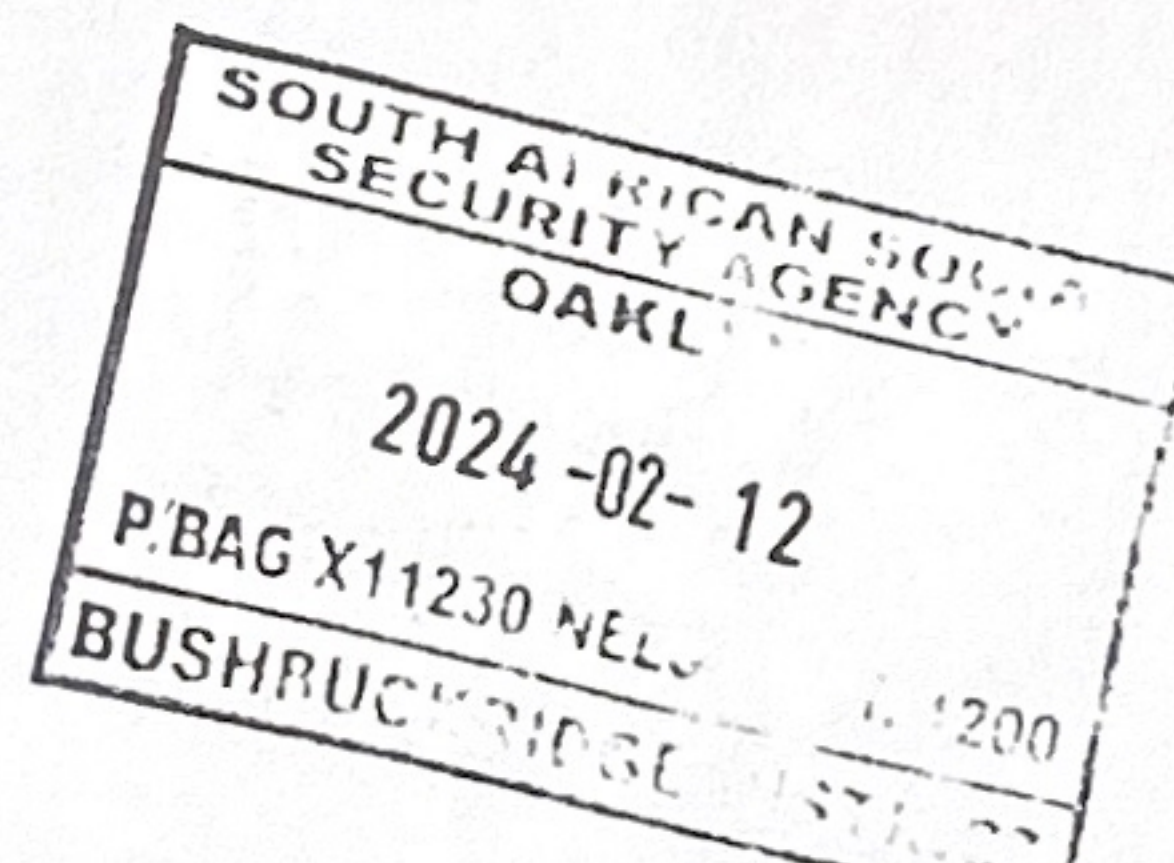
**GRANT TYPE: Child Support Grant**

No	Name and Surname	I.D. Number
1	CHILOANE ZANOXOLO NHLAMULO	2111086085084
3		
4		
5		
6		

The total monthly Grant amount is: R510.00

**N.B. Please note that this letter cannot be used to open accounts or personal loans**

Signature:  Date: 2024.01.10



South African Social Security Agency  
Mpumalanga Region

No. 18 Ferreira Street • Nelspruit  
Private Bag X11230 • Nelspruit 1200  
Tel: +27 13 75,19 16 • Fax: +27 13 754950  
[www.sassa.gov.za](http://www.sassa.gov.za)



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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:**

MPUMALANGA DEPARTMENT OF HEALTH  
 SABIE HOSPITAL  
 REVENUE  
 2021-10-27  
 PRIVATE BAG X515, SABIE 1260  
 LITIKO LETEMPHILO

CHILD'S NAME:	Zanoxolo																			
CHILD'S SURNAME:	Chiloane																			
DATE OF BIRTH:																				
CHILD'S ID NUMBER:																				
BIRTH WEIGHT:	3225g	GESTATIONAL AGE:	39/40																	
MOTHER'S NAME:	Ncobale Ngomane	FATHER'S NAME:																		
MOTHER'S CONTACT DETAILS:	0826850630	FATHER'S CONTACT DETAILS:																		

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 CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

MAADIKHEHO'S SIGNATURE: *Deillon*

MAGSOMMER FORCE NUMBER: *5050701* RANG RANK: *SN*

NAAM IN DRUKSKRIF NAME IN PRINT: *Deillon*

SUID-AFRIKAANSE POLISIEDIENS  
 C.S.C  
 2021-12-09  
 HAZYVIEW  
 POLICE SERVICE  
 SOUT



# home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

H 3644490

83/DHA - 5

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

## BIRTH CERTIFICATE


CHILD SURNAME: CHILOANE  
 FORENAMES: ZANOXOLO NHLAMULO OFENTSE  
 IDENTITY NUMBER: 2111086085084

GENDER: MALE  
 PLACE OF BIRTH: SABIE  
 COUNTRY OF BIRTH: SOUTH AFRICA  
 DATE OF BIRTH: 2021-11-08

MOTHER: IDENTITY NUMBER : 9604240311084  
 MAIDEN/SURNAME: NGOMANE  
 FORENAMES: NCOBILE MARCIA  
 DATE OF BIRTH: 1996-04-24  
 PLACE OF BIRTH: NELSPRUIT  
 COUNTRY OF BIRTH: SOUTH AFRICA

FATHER: IDENTITY NUMBER : 9607095772086  
 SURNAME: CHILOANE  
 FORENAMES: TONY  
 DATE OF BIRTH: 1996-07-09  
 PLACE OF BIRTH: ACORNHOEK  
 COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:  
 NONE

  
 DIRECTOR-GENERAL: HOME AFFAIRS

DATE PRINTED: 20211129

ISSUED BY: YMN206

DEPARTMENT OF HOME AFFAIRS
PRIVATE BAG X1030 STENSBURG 1120
2021-11-29
SMALL OFFICE
OFFICIAL DATE STAMP

