

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u Geregistreeerde 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 ge-pos 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.

I.D.No. 901127 0475 08 8



S.A. BURGER/S.A. CITIZEN

VAN/SURNAME

BOOI

VOORNAME/FORENAMES

TABISA

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

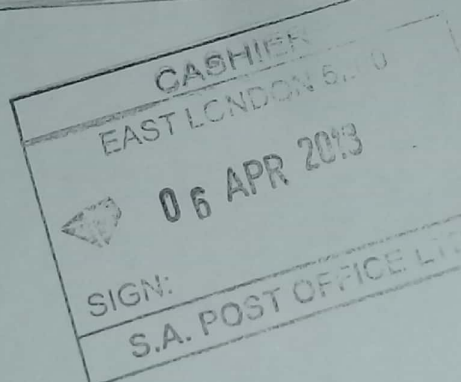
1990-11-27

DATUM UITGEREIK
DATE ISSUED

2007-04-24

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



It is hereby certified that this is a true copy of the original document and that there is no indication that alterations have been made thereto by an unauthorised person.

Hiemee word ge-
wertsig gestel dat
dit 'n ware kopie is
van die oorspronklike
dokument en dat daar
geen aanduiding is
van veranderings d-
aaraan daardie

DATE

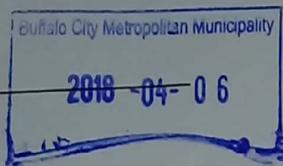
Buffalo City Metropolitan Municipality
East London | Bhisho | King William's Town
Province of the Eastern Cape
South Africa

Website: www.buffalocity.gov.za



Cllr N. Ncotela
Ward 26
City Hall, Oxford Street
East London 5200
Phone: 0836233334
Fax No: 043 7425164

Email: ntunkulanen@buffalocity.gov.za



LETTER OF ACKNOWLEDGEMENT

I hereby confirm that..... BOOI TABISA

Resides at..... 60217 Khvetyang Location

..... Newlands East London 5201

Her/His I.D. Number is..... 901127 0475 088

Kindly assist the bearer.

Your cooperation in this regard will be highly appreciated.

Yours Faithfully

Cllr N. Ncotela

Ward 26

NTUNKULANA ELLIOT NCOTELA
COMMISSIONER OF OATHS EX-OFFICIO
COUNCILLOR
BUFFALO CITY METROPOLITAN
MUNICIPALITY CITY HALL
OXFORD STREET, EAST LONDON
REPUBLIC OF SOUTH AFRICA



BUFFALOCITYMETROPOLITANMUNICIPALITY

A city growing with you!





REPUBLIC OF SOUTH AFRICA

National Senior Certificate

Awarded to

Tabisa Boo

Identity number 9011270475088

Subjects	%	Achievement level
IsiXhosa Home Language	58	4
English First Additional Language	43	3
Mathematical Literacy	42	3
Life Orientation	51	4
Geography	35	2
History	30	2
Tourism	38	2
*****	***	*

This is a true and correct copy of the original document as it appears in the records of the Department of Education. No alteration or erasure has been made thereto. It is a true and correct copy of the original document as it appears in the records of the Department of Education.

CASHIER
EAST LONDON

06 APR 2013

SIGN:

S.A. POST OFFICE LTD

DATE: This candidate is awarded the National Senior Certificate and has met the minimum requirements for admission to higher certificate study as gazetted for admission to higher education, subject to the admission requirements of the higher education institution concerned.

CASHIER
EAST LONDON

With effect from December 2008

06 APR 2013

This certificate is issued without alteration or erasure of any kind.

SIGN:

S.A. POST OFFICE LTD

090 6323 7972 A



Chief Executive Officer

UMALUSI



Council for Quality Assurance in
General and Further Education and Training
South Africa

(See reverse for more information)

THIS CERTIFICATE IS PRINTED ON WATERMARK PAPER - PLEASE HOLD UP TO THE LIGHT TO VERIFY



Standard Bank

AccessAccount/AccessSave FuneralPlan Application and Contract

Hierdie vorm is ook in Afrikaans beskikbaar - Vorm nommer 00160513

AccessSave account number

AccessAccount number **0000010102179504**

Personal details

Customer name **Miss TABISA BOOI**

Identity number **9011270475088**

Date of birth **1990-11-27**

Telephone

Telephone

Cellphone

number(Home)

number(Work)

number **0722176508**

Physical/Postal address **60217 KHWETYANA LOCATION NEWLANDS EAST LONDON**

Postal

code **5201**

AccessAccount fee options: Please cross the applicable option (X)

Pay as you transact

Bundle

If you opt for the AccessAccount Plus please fill in the Death Benefit beneficiary details below:

AccessAccount Plus

Name and

Identity/Passport

surname

number

Confirmation

Please cross the applicable option (X)

- | | |
|---|---|
| 1. I consent to the Bank carrying out identity and fraud prevention checks on me. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2. I have received, read, understood and agree to the Terms and Conditions for the AccessAccount and/or AccessSave Account. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. I have received, read, understood and agreed with these Statutory Notice and Obligatory Disclosures. | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 4. I acknowledge receipt of the debit card and PIN (Card number). | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

Marketing consent

As part of our service The Standard bank of South Africa Limited would like to provide you with information on products and services offered by the group and other companies, which we believe may benefit you. Because we regard your personal information as confidential, we need your consent to share it with the group. The group means our affiliates, associates, subsidiaries and divisions together with our holding company.

I consent to:

- | | |
|---|---|
| 1. You marketing your products, services and special offers to me. | Yes <input checked="" type="checkbox"/> |
| 2. You communicating other companies' products, services and special offers to me. If I respond positively to such communication, I may be contacted by that company. | No <input checked="" type="checkbox"/> |
| 3. You sharing my personal information within the group for marketing purposes and the group then marketing its products, services and special offers to me. | No <input checked="" type="checkbox"/> |
| 4. You contacting me for research purposes. (The research companies we use follow strict codes of conduct and treat customer information | No <input checked="" type="checkbox"/> |

Declaration and consent

I hereby confirm that the information provided is accurate and a true reflection of my financial position and that no additional information which may affect the decision of the Bank has been withheld.

Agent information

I have seen the original documents and confirm there is a reasonable likeness of the identity document photo to the person who presented it. I confirm that I have scanned the documents presented and the image preview accurately reflects the original.

A181844

Sales agent number

Sales agent commission

Sales agent signature

2018-04-06

Date (YYYY-MM-DD)

Account signatories

Please cross the applicable option (X)

Account number **0000010102179504**

Instruction Sign alone

Both to sign jointly

Signature of account holder (do not sign over the lines)

Additional signatory (do not sign over the lines)