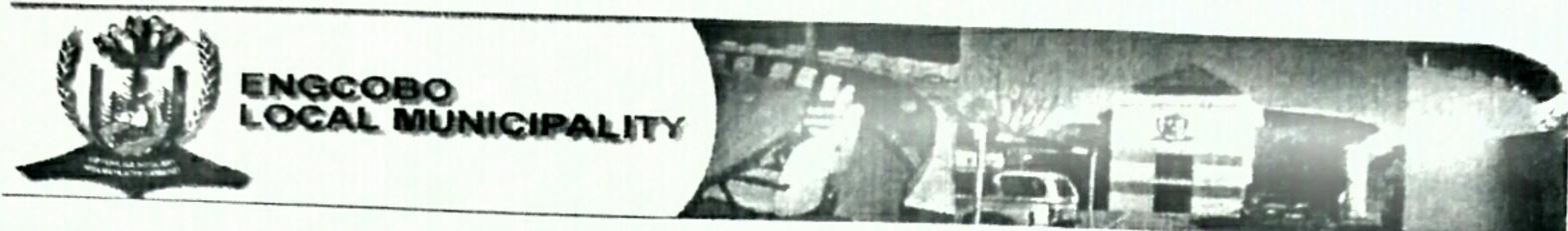
## **OFFICE OF THE SPEAKER**



P.O Box 268, Engcobo, 5050

Tel: 047 548 5600

Fax: 047 548 1078

04,04,2018

TO

: THE MANAGER

## RE-CONFIRMATION OF RESIDENCE

DEAR SIR/MADAM			
This serves to confirm that the person	n hereunder		
ID NO. 120114	UR51 08	5	
NAME ZINE			•••••••••••••••••••••••••••••••••••••••
SURNAME WANNTWEN	1		
IS A BORNAFIDE RESIDENT OF	IANZANA	Ala	•••••••••••••••••••••••••••••••••••••••
WARD NOhe/she is know	vn to me; please assis	t him /her in anu fa	•••••••••••••••••••••••••••••••••••••••
CLLR CAMNZI JO	Abary)		
	ove mentioned person	n resides at the above	resentative of Engcobo mentioned address.
ioping for your full co-operation			
ours faithfully,			
Z. Jasango			

MUNICIPAL PUBLIC REPRESENTATIVE (COUNCILLOR)