

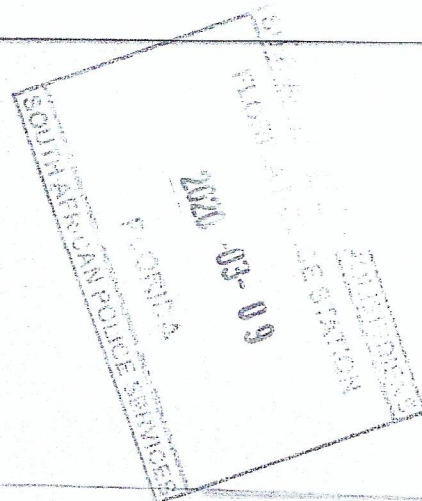
EXAMINER
DIE OORDEEL
IS EN DIE
WYSIG
AAN DIE

Ph

7232569-1

CST

REFILDE LEEFPILE



GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE 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 gepos 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. 910206 5010 08 9



S.A.BURGER/S.A.CITIZEN

VAN/SURNAME

SAULS

VOORNAME/FORENAMES

EVAN ETHAN

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH

1991-02-06

DATUM UITGEREIK
DATE ISSUED

2007-09-05



UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



EVAN ETHAN SAULS

(FULL NAMES)

(ID NUMBER)

9 1 0 2 0 6 5 0 1 0 0 8 9

RESIDING AT: 5 SORREL CLOSE, RIVERLEA EXT. 2, JOHANNESBURG

TEL NO (H) NA (W) 011 672 0030 (CELL) 082 852 1231

EMPLOYED AS: OPERATIONS MANAGER WORK ADDRESS: 60 SIXTH AVENUE, FLORIDA, REP

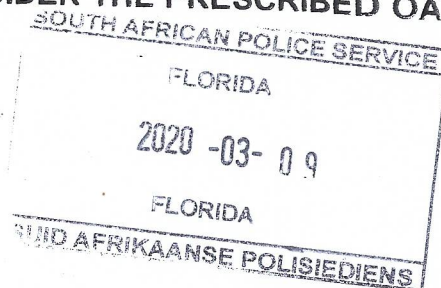
STATE UNDER OATH IN ENGLISH:

I HEREBY UNDER OATH DECLARE THAT I EVAN E. SAULS
HAVE LOST MY GREEN I.D BOOK

I KNOW AND UNDERSTAND THE CONTENTS OF THIS STATEMENT. I HAVE NO OBJECTION
 TAKING THE PRESCRIBED OATH. I CONSIDER THE PRESCRIBED OATH TO BE BINDING ON
 CONSCIENCE.

[Signature]

Signature



I CERTIFY THAT THE DEPONENT KNOWS AND UNDERSTANDS THE CONTENTS OF THE
 STATEMENT AND THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS THEREOF. THE
 STATEMENT WAS SWORN BEFORE ME AND THE DEPONENTS' SIGNATURE/MARK/THUMB
 PRINT WAS PLACED THEREON IN MY PRESENCE.

FLORIDA SAPS ON THIS 09 DAY OF 03 2020

[Signature] [Signature]