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GEREGISTREERDE WOON- EN POSADRES

1. Houw die bewys van u GEREGISTREERDE WOON- EN POSADRES in hande sakke

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en of nommer, ons verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakke 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. 921112 5393 08 6

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
NGOZO

VOORNAME/FORENAMES
MDUDUZI SIPHUMELELE

GEBORTE/DISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBORTE/DATUM/
DATE OF BIRTH
1992-11-12

DATUM UITGEREIK
DATE ISSUED
2009-11-03

UITGEREIK OP BELEG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSCHEUT) VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING TOEGESTUUR IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N WYSGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDLED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, ACCORDING TO MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

VANDERBIJLPARK SAPS
7164885- O-PERSAL
SERGEANT, SGT.

HANDTEKENING/SIGNATURE
P. DONGQO

MAGSNUMMER
FORCE NUMBER
SOUTH AFRICAN POLICE SERVICE

IN DRUKSKRIF
IN PRINT

SOUTH AFRICAN POLICE SERVICE
CLIENT SERVICE CENTRE

2024-03-08

VANDERBIJLPARK
SUID-AFRIKAANSE POLISIEDIENS



08/03/2024

Dear Sir/Madam

Confirmation of Account details

Nedbank confirms the following account details:

Account holder:	Mduduzi Ngozo
Account number:	1104569663
Type of account:	Current account
Branch code:	198765

Yours faithfully

Nedbank Retail

Nedbank headoffice

Nedbank 135 Rivonia Campus 135 Rivonia Road Sandown Sandton Gauteng 2196 South Africa | PO Box 784088 Sandton 2146 South Africa T +27 (0)11 294 4444 F +27 (0)11 295 0000

Directors: AD Mminele (Chairperson) MWT Brown (Chief Executive) HR Brody (Lead Independent Director) BA Dames MH Davis (Chief Financial Officer)
NP Dongwana EM Kruger P Langeni RAG Leith L Makalima MC Nkuhlu (Chief Operating Officer) Dr TM Nombembe S Subramoney
Company Secretary: J Katzin 01.01.2024

Nedbank.co.za

NEDBANK

Nedbank Ltd Reg No 1951/000009/06. Authorized financial services and registered credit provider (NCRCP16).



INCOME TAX
Notice of Registration

MS NGOZO
199 ZONE 6 EXT 1
SEBOKENG
1983

Enquiries should be addressed to SARS

Contact Detail

SARS
Atterdon
1520

Contact Centre Tel: 0800 00 SARS (7277)
Website: www.sars.gov.za

Details

Taxpayer Reference No: 2826457174
Case No: 260054404
Date: 2018-03-06

Appropriate to the return is
to be kept after receiving notice

Dear Taxpayer

NOTICE OF REGISTRATION

The South African Revenue Service (SARS) confirms registration of the following taxpayer:

Name and Surname: MDUDUZI SIPHUMELELE NGOZO
ID number: 9211125393086
Taxpayer reference number: 2826457174
Date of Registration: 2018-03-06

Your tax obligation

Depending on your circumstances, you may be required to submit an annual income tax return. Should you be a provisional taxpayer, returns and payments will be required every six months. More details can be obtained from the SARS website.

Any person who derives by way of income any amount which does not constitute remuneration or an allowance or advance contemplated in section 8(1) of the Income Tax Act is regarded as a Provisional Taxpayer and may be required to submit provisional returns.

Kindly notify SARS of any change to your registered particulars within 21 business days of such change.

Should you have any queries please call the SARS Contact Centre on 0800 00 SARS (7277). Remember to have your taxpayer reference number at hand when you call to enable us to assist you promptly.

Sincerely

ISSUED ON BEHALF OF THE SOUTH AFRICAN REVENUE SERVICE



RFDREG L engl FV 2016.01.00 SV 1301 CT 03 NO



P

Y 2018

001/001

Siyafunda Tours T/A Youth@work
Payroll Take-On / Maintenance Form

Personal Details	
Surname:	Ngozo
First Names:	Mduduzi Siphumeleke
Gender:	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Marital Status	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Identity Number:	9211125393086
Tax Number:	
Cell phone	0631173751
Email Address (Compulsory)	mduduzi.ngozo@yahoo.com
Emergency Contact Person (Compulsory)	
Surname:	1. 199 Zone 6 Ext 1 2. Ngozo
Name(s):	Mbali Ngozo Thembu
Relationship:	Sister Brother
Contact Number:	081444 1717 0621121181

Home Address Details		
	Residential Address	Postal Address (Tick if same) <input checked="" type="checkbox"/>
Address Line 1	1992 Zone 6 Ext 1	
Address Line 2	Sebokeng	
Address Line 3		
Province		
Postal Code	1983	

Bank Account Information	
Name of Bank:	Nedbank
Type of Account	<input type="checkbox"/> Savings <input checked="" type="checkbox"/> Cheque/Current <input type="checkbox"/> Other
Account Number:	1104569663
Branch Code:	198765
Branch Name:	
Name of Account Holder:	Mduduzi Ngozo

Please turn over and fill in back page

Host site Details (Workplace)	
Name of Company/School placed at:	Shatterproof Glass
Address of Company/School:	
Name & Surname of Supervisor	Buhle Mthimkhulu
Email Address of Supervisor	buhlemthimkhulu38@gmail.com
Cellphone Number of Supervisor	0620440535

Educational Information				
Qualification Status:	<input type="radio"/> Current			
Name of School:				
Name of Qualification:				
Date:	From	DD / MM / CCYY	To	DD / MM / CCYY
Major Subjects:				

Educational Information				
Qualification Status:	<input checked="" type="radio"/> Completed			
Name of School:	Roshnee Islamic School			
Name of Qualification:	Matric			
Date of Completion:	2011 / CCYY			
Major Subjects:	Geography, Business Studies Maths Lit			