

MALIBONGWE HLONGWANE

ABOUT MY SELF

I am a very curious person always anxious with finding solutions for every challenge that I face, as a creative person also I have learned to adapt in so many different spaces and that improves my networking skill also it improves the way that I process things in mind .I'm a person who like to keep my mind growing by always exploring new information every now and then, and that motivate me .

DETAILS

Surname	: Hlongwane
Name	: Malibongwe
Date of Birth	: 18 September2001
ID Number	: 0109186375084
Gender	: Male
Marital Status	: Single
Home Language	: IsiZulu
Other Language	: English
Nationality	: South African
Criminal Record	: None

CONTACT DETAILS

❖0731991988 / 0656321254
❖malibongwehlongwane393@gmail.com

ADDRESS

179 RAHIMA MOOSA
JOHANNESBURG
GAUTENG
2001

QUALIFICATIONS


❖Matric certificate
❖IT End User Level 3
❖Driven Machinery Regulation

PROFETIONAL



❖Strong communication skill
❖Very fluent in English
❖Able to work as a team
❖Good accuracy and attention to detail skills
❖Ability to work under pressure
❖Leadership skills
❖Organisational skills
❖Ability to empower
❖Committed
❖Ability to adapt


WORK EXPERIENCE

❖NCPD (National Council of & for Persons With Disabilities)
• Position: Administration & Dispatch
❖Reference
• Lebogang Boya { Senior Manager : 071 101 5542 }
• Nombulelo Mfeka { Administrator : 063 385 9714 }

 **REPUBLIC OF SOUTH AFRICA**
NATIONAL IDENTITY CARD

Surname: **HLONGWANE**
Names: **MALIBONGWE**
Sex: **M**
Nationality: **RSA**
Identity Number: **0109186375084**
Date of Birth: **18 SEP 2001**
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 90

Date of Issue:
08 MAR 2021

RSA



114932194



EK VERIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIJF) IS VAN
DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE
IS. EK VERIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS, DAAR NIE 'N
WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGE
BRING IS NIE.

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

MALIBONGWE

HANDTEKENS/SIGNATURE

REGISTRAR

FORCE NUMBER

NAAM IN DRUKSKRIJF

NAME IN PRINT

707403-2 RANG Sgt

R + MALIBONGWE

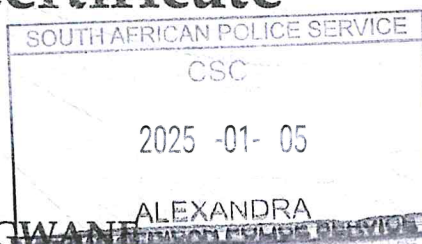


REPUBLIC OF SOUTH AFRICA

National Senior Certificate

Awarded to

MALIBONGWE HLONGWANE



Identity number 0109186375084

Exam number 5192111270022

Subject

IsiZulu Home Language
English First Additional Language
Life Orientation
Geography
Life Sciences
Physical Sciences

Achievement

%	level
57	4
50	4
47	3
42	3
55	4
31	2
***	*

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

With effect from December 2019

M. S. LAKOMETS

Chief Executive Officer

200 4738 9580 V



This certificate is issued without alterations or erasure of any kind



UMALUSI



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

1 061 747

(See reverse for more information)

INCOME TAX
Notice of Registration

M HLONGWANE
179 RAHIMA MOOSE
JOHANNESBURG
GAUTENG
2001

Enquiries should be addressed to SARS

Contact Detail

SARS
Alberton
1528

0800 00 7277
Website: www.sars.gov.za

Details

Taxpayer Reference No: 0380657288

Always quote this reference
number when contacting SARS

Date: 2024-01-05



Dear Taxpayer

NOTICE OF REGISTRATION

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

Name and Surname: MALIBONGWE HLONGWANE
ID number: 0109186375084
Taxpayer reference number: 0380657288
Date of Registration: 2020-07-16

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 7277. Remember to have your taxpayer reference number at hand when you call to enable us to assist you promptly.

Sincerely

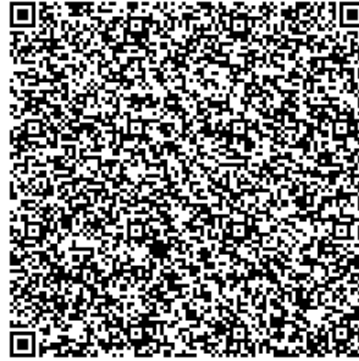
ISSUED ON BEHALF OF THE COMMISSIONER OF THE SOUTH AFRICAN REVENUE SERVICE

Proof of Account Details



Capitec Bank

05/01/2025
Branch: 470010
Device:



To Whom it May Concern

We hereby confirm that Mr Malibongwe Hlongwane has the following account(s) at Capitec Bank Limited on 05/01/2025

Client Details

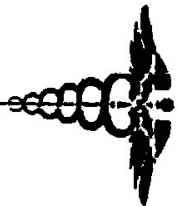
Name: Malibongwe Hlongwane
ID/Passport Number: 0109186375084
Residential Address: 179 Rahima Moose, Johannesburg, Gauteng, 2001
Postal Address: 179 Rahima Moose, Johannesburg, Gauteng, 2001

Account Details

Account Status: Active
Account Type: Savings
Account Number: 1703683925
Branch Code: 470010
Date Opened: 2020-03-25

The account details provided herein should not be read as extending by implication to any other matters not specifically addressed. The account details are given as at the above date and no obligation is hereby assumed to update the account details on any future date.

Capitec Bank Limited shall have no liability whether in contract, delict (including without limitation negligence) or otherwise to the above accountholder or any third party in relation to the account details contained herein.



DR NKADIMENG
M.B. ChB. (Natal)
GENERAL PRACTITIONER

PR.No. 1567888

1st Floor
Newsgate Shopping Centre
Cnr Bree/Jeepe &
Ntami Piliso Strs
JOHANNESBURG
Tel: 011 836 9009

P.O. Box1041
Buckeleuch
SANDTON
Cell: 082 460 8442
refiloenkadimeng@telkomsa.net

MEDICAL CERTIFICATE

This is to certify that Mr/Mrs/Ms

[Signature]

Was examined by me on _____ and on (last day) _____

and to my knowledge was informed that He/ she was unable to attend
work / school / college from _____ to _____

Medical Diagnosis:

[Signature]
[Signature]
[Signature]

DR NKADIMENG
MEDICAL PRACTITIONER

HE / SHE is required to attend the next (PMB/CHS)
Will be fit for duty / school on _____

PRACTICE NO: 156788
NEWSGATE SHOPPING CENTRE
151 FLOOR
JHB. 0118369009

SIGNATURE

DATE

[Signature]
12/12/2024

Certificate / Confirmation of Disability

Doctor / Occupation Health Practitioner's Name: Dr. Nkadi Meng

Qualification: MBChB

Practice Number: 1567888

Address: 1st Floor Newgate Shopping Centre

Tel. number: 011-836-9009

Date: 12/12/2021

Certificate of Disability (Employment Equity Act – Act 55/1998)

I, Dr. Nkadi Meng, Medical Practitioner / Occupational Health Practitioner certify that

I have interviewed, examined and review relevant medical records of George Thompson

SA Identity Number 010915 6375054

The nature of his/her disability is described as Depression

I certify/confirm that he/she is disabled according to the criteria specified in the Employment Equity Act No 55 of 1998 and the Code of Good Practice on Key Aspect of Disability in the Workplace which defines disability as follows:

“people who have long-term or recurring physical or mental impairment which substantially limit their prospects of entry into, or advancement in, employment”

Signature

Title and name

DR NKADIMENG
MEDICAL PRACTITIONER
(MBCHB)
PRACTICE NO: 156788
NEWGATE SHOPPING CENTRE
1ST FLOOR
TEL: 0118369009