MALIBONGWE HLONGWANE

4 +27 731991988

9 179 Rahima Moosa, Johannesburg, 2001

@ malibongwehlongwane393@gmail.com

∂ LinkedIn

EXPERIENCE

Administration Intern

NCPD

- Reference 1.(Lebogang Boya -071 101 5542) Senior manager
- Reference 2.(Nombulelo Mfeka -063 385 9714) Administrator

EDUCATION

Matric Certificate

Tholithemba High School

2019

IT End-User computing level 3

Rims Informage

= 2020 - 2021

Driven Machinery Regulation

DTTI

= 2021 - 2022

SKILLS

Microsoft Office	Word	Excel	PowerPoint	Outlook
Data Capturing & A	nalysis			
Computer Literacy	& Trouble	shooting	_	
Digital Communica	tion Tools	Zoom	Teams	Google meet
Attention to Detail	_			
Time Management	_			
Problem Solving				
Teamwork & Collab	oration			
Customer service	_			
Professionalism &	Reliability	_		
Adaptability to nev	v system o	or softwar	e	
Strong administrat	ive abilitie	:S		

SUMMARY

A curious and creative individual with strong computer literacy and a passion for learning new technologies. Skilled in using Microsoft Office applications, digital communication tools, and data entry. Brings up productive mindset, problemsolving abilities, and a keen eye for detail to every processes through innovative thinking and continuous learning. Eager to contribute to a dynamic team environment with professionalism and enthusiasm

KEY ACHIEVEMENTS



IT End-User computing level 3

Microsoft Office, Data Analysis



Driven Machinery Regulation

Logistics and International Transportation



License Code 14

COURSES

web development

Sound engineering

Cyber Security

INTERESTS



Digital Music Production and Engineering



Financial Markets, Forex Trading & Investment strategies



Technology Trends and Computer Applications



Data Analysis & Online Research



Reading



REPUBLIC OF SOUTH AFRICA

HLONGWANE MALIBONGWE Sex: RSA 0109186375084

CITIZEN

18 SEP 2001





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

08 MAR 2021





EK SERTIFISSER DAT HER DE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE LORSPFONKLIKE DO LIKT IT WAT AAN MY VIR WAARNEMING VOORGELÊ IS. EK SEKTIFISEER VERSTE IT, VOLCENS MY WESTENSKINGS, DAAR NIE 'N WESTENS OF VERANDESIES UP DIE GORSPFONKLIKE DOKUMENT AANGE-CERTIFY THAT THIS DOCUMENT IS A TITLE DELICITION (COPY) OF THE COPY OF THE COP CHANGE WAS IN I SHARE TO THE OPIGINAL DOCUMENT.

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National Senior Certificate

Awarded to

SOUTH AFRICAN POLICE SERVICE CSC 2025 -06- 12

MALIBONGWE HLONGWAND

Exam number 5192111270022 Identity number 0109186375084 Achievement. % Subject level 57 IsiZulu Home Language 50 English First Additional Language 47 Life Orientation 42 Geography (Life Sciences 55 hysical Science

This candidate is awarded the National Senior Certificate and has met the minimum requirements for admission to diploma or migher 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

This certificate is issued without alterations or erosure of any kind





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Council for Quality Assurance in General and Further Education and Training South Africa 1 061747

[See roverse for more information)



M HLONGWANE 179 RAHIMA MOOSE JOHANNESBURG GAUTENG 2001

INCOME TAX

Notice of Registration

Enquiries should be addressed to SARS

Contact Detail

SARS 0800 00 7277

Alberton Website: www.sars.gov.za 1528

Details

Taxpayer Reference No: 0380657288

Always quote this reference number when contacting SARS

Date: 2025-06-23



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

M HLONGWANE 3159646
0380657288 2024

RFDREG : 01/01

RFDREG RFDREG

Page: 01/01

Proof of Account Details



Capitec Bank

23/06/2025 Branch: 470010 Device:











To Whom it May Concern

We hereby confirm that MrMalibongweHlongwane has the following account(s) at Capitec Bank Limited on 23/06/2025

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 & Ntemi Piliso Strs JOHANNSBURG Tel: 011 836 9009 P.O. Box1041 Buccleuch SANDTON Cell: 082 460 8442

refiloenkadimeng@telkomsa.net

MEDICAL CE	ERTIFICATE
This is to certify that M/Mrs/Ms	III.
Was examined by me on	and on (last day)
and to my knowledge/was informed that H	e/ she was unable to attend
work / school / college from	
Medical Diagnoses:	Ity Ith, the
with the lopes	A PORTENTS
	EDICAL PRACTITIONER
M.	EDICAL PROCESSION
HE / SHE is required to attend the next (c) Will be fit for duty / school on	MENICATE STROPPING CENTRE
CICANTURE	TL:01183010112 /06/7025
SIGNITURE	DATE

	Certificate / Confirmation of Disability
(Doctor / Occupation Health Practitioner's Name:
	Qualification: UI Se L S
	Practice Number: 1567285
	Address: let + las Vengle Copy Cale
	Tel. number: 101 - 836 - 9009
	Date: 17/06/2025
	1
	Certificate of Disability (Employment Equity Act – Act 55/1998) I, Medical Practitioner / Occupational Health Practitioner certify that
	I have interviewed, examined and review relevant medical records of
	The nature of his/her disability is described as
	I certify/confirm that Ke/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"
<	DR NKABINEND MEDICAL PRACTITIONER
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	Signature NEVOANI 1ST FLOOR TIL: D118369009
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Title and name