



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
DUBAZANE
Name:
VUMISIWE FAVOURITE
Sex:
F
Nationality:
RSA
Identity Number:
7909040476082
Date of Birth:
04 SEP 1979
Country of birth:
RSA
Status:
CITIZEN



Signature
Favourite



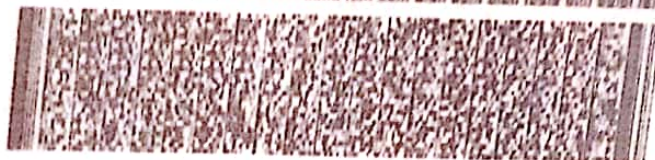
Conditions:

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:
04 OCT 2018

108869078





sassa

SOUTH AFRICAN SOCIAL SECURITY AGENCY

7909040476082

REGIONAL EXECUTIVE

VF DUBAZANE

PO BOX 570
ESTCOURT
3310

South African Social Security Agency
ESTCOURT LOCAL OFFICE
17 FEB 2021
SASSA: Midlands District
Private Bag X 10047 Ladysmith 3370

MANAGER
SASSA

PRIVATE BAG X9146
PIETERMARITZBURG
3200

Tel : 033 846 3300
Fax : 033 846 9595
2021-02-17

Dear Sir / Madam

APPROVAL OF A TEMPORARY DISABILITY GRANT IN TERMS OF THE SOCIAL ASSISTANCE ACT, 2004 (ACT NO. 13 OF 2004), AS AMENDED

Kindly be informed that your application for a temporary disability grant dated 20210217 has been conditionally approved from the date of your application. The medical officer has confirmed that your disability is temporary and will only last for 12 MONTHS, therefore your grant will lapse on 20220131. If you opted to be paid through a private bank or you are a resident of an institution, payment will be subject to verification of your banking details or the banking details of the institution has been confirmed by the bank. You will be notified if the details do not correspond and it will be your responsibility to ensure that the information is rectified within 90 days from receipt of notification.

FIRST PAYMENT DUE DURING: 2021-03
FIRST AMOUNT PAYABLE : R 3720.00
MONTHLY AMOUNT : R 1860.00
BANKING DETAILS: SAVINGS ACC NO: 1160328909 BRANCH : 470010 CAPITEC BANK : CAPITEC BANK CP

Kindly also note that you are required to inform your local SASSA (South African Social Security Agency) office of any changes of your or your spouse's general and financial circumstances in terms of Section 14(5) of the Act. Should you fail to provide this information your grant may be suspended.

Any person who provides information which is to his or her knowledge untrue in order to obtain a grant makes him- or herself guilty of an offence. Please be aware that should you receive a grant which you are not entitled to, you will be expected to pay the total amount back to the Agency. Also note that if you fail to collect your grant for three (3) consecutive months, your grant will lapse.

Should you be aggrieved by a decision made with regards to this application, you or a person acting on your behalf, may within 90 days from date of receipt of this letter lodge a written application to the Agency, requesting the Agency to reconsider its decision in terms of Section 18(1) of the Act. If you fail to lodge an application within the 90 day time period, your application will not be considered. Your application must set out the reasons why the Agency should amend, vary or set aside its decision.

If there is any uncertainty with regard to this notification kindly contact your local SASSA office.

2021-01-05

Yours faithfully,

REGIONAL EXECUTIVE MANAGER

EK WERD DIT DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSEKLIKKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE IS. EK VERDIEK VERDER DAT, VOLGENS MY WAARNEMING, DAAR NIE 'N WYSSIGHEID OF VERANDERING OF 'N OORSEKLIKKE DOKUMENT AANGEBRING IS.

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

WANDTEKEN SIGNATURE

MAGS
RANG
NAME IN PRINT

78578

(st)

This letter will be available in an official language of your choice on request, where applicable.
3 : APPROVAL: DISABILITY GRANT (1) , ENGLISH

ENKOMOKAZINI TECHNICAL HIGH SCHOOL

ENKOMOKAZINI AREA, ENKOMOKAZINI AREA, ESTCOURT, 3310

PO BOX 4050, ESTCOURT, 3310

071 - 5366124 086 - 6098398

Learner: DUBAZANE, BULELO - 509480975

Admission No: 16010614

Birth Date: 20010614

School Closes: 2020/12/15

Grade: Grade 11

Class: 11NM

Date: 2020/12/11

Subject	Term 1			Term 2			Term 3			Final for Year		
	Final %	Level	Grade Ave %	Final %	Level	Grade Ave %	Final %	Level	Grade Ave %	Final %	Level	Grade Ave %
Engineering Graphics and Design (Gr 11) Substantial Achievement	63	5	47	80	7	76	96	7	81	69	5	58
English First Additional Language (Gr 11) Adequate Achievement	55	4	53	34	2	38	58	4	58	52	4	50
isiZulu Home Language (Gr 11) Adequate Achievement	67	5	62	40	3	49	56	4	54	54	4	56
Life Orientation (Gr 11) Adequate Achievement	35	2	35	a	-1		82	7	66	56	4	48
Mathematics (Gr 11) Moderate Achievement	42	3	35	a	-1		62	5	55	43	3	38
Physical Sciences (Gr 11) Elementary Achievement	40	3	36	a	-1		37	2	40	31	2	33
Mechanical Technology (Fitting and Machining) (Gr 11) Moderate Achievement	34	2	43	a	-1		58	4	53	48	3	47
Learner Total / Average:	336		48	154		51	449		64	353		50
Result:	Achieved			Not Achieved			Achieved			Promoted		
Days Absent:	1			0			2			2		


General Remarks: Has made good progress / He must strive to improve for better symbols

KZN DEPARTMENT OF EDUCATION
ENKOMOKAZINI
TECHNICAL HIGH SCHOOL
 HOD: Mrs NP Mbongwa
 Sign: _____

Signatures:


Class Educator

DP/HOD

Principal 

Parent

FET Gr 10-12 The learner must achieve at least: Level 3 in HL, Level 3 in any two (2) of the other required subjects Level 2 in any other three (3) of the remaining approved subjects

Level 1 = 0 - 29.99 Not Achieved, 2 = 30 - 39.99 Elementary Achievement, 3 = 40 - 49.99 Moderate Achievement, 4 = 50 - 59.99 Adequate Achievement, 5 = 60 - 69.99 Substantial Achievement, 6 = 70 - 79.99 Meritorious Achievement, 7 = 80 - 100 Outstanding Achievement.



Inkosi Langalibalele

OFFICE OF THE COUNCILLOR X .R SITHOLE
PO BOX 15, Estcourt, 3310 Physical Address: Victoria Street,
Tel. No.:036 342 7800, Cell No.:072 890 9992,
Email:rxJobe@gmail.com

RE: PROOF OF PHYSICAL ADDRESS

This letter serves to confirm that

DUBAZANE BULELO

ID No: 0106145609082 is a resident of

S206 ENKOMOKAZINI AREA

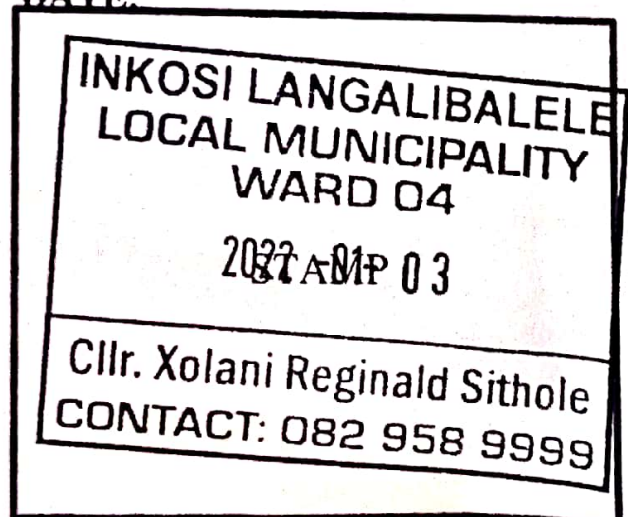
Ward 04 of Inkosi Langalibalele Local Municipality, Estcourt.

I, the duly authorize representative of Inkosi Langalibalele Local Municipality; hereby confirm that according to the records held in this office, the above mention person reside at the above address.

Thanking you in advance


Cllr X .R SITHOLE
WARD COUNCILLOR
KZN237

DATE:





Inkosi Langalibalele

LOCAL MUNICIPALITY - INKOSI LANGALIBALELE

OFFICE OF THE COUNCILLOR X .R SITHOLE
 PO BOX 15, Estcourt, 3310 Physical Address: Victoria Street,
 Tel. No.:036 342 7800, Cell No.:072 890 9992,
 Email:rxJobe@gmail.com

RE: PROOF OF PHYSICAL ADDRESS

This letter serves to confirm that

DUBAZANE NUMISIWE FAVOURITE

ID No: 79 0904 04 76 082 is a resident of

S206 ENKOMOKAZINI, AREA

Ward 04 of Inkosi Langalibalele Local Municipality, Estcourt.

I, the duly authorize representative of Inkosi Langalibalele Local Municipality; hereby confirm that according to the records held in this office, the above mention person reside at the above address.

Thanking you in advance

Cllr X .R SITHOLE
 WARD COUNCILLOR
 KZN237

DATE:

INKOSI LANGALIBALELE
 LOCAL MUNICIPALITY
 WARD 04

2022 APR 03

Cllr. Xolani Reginald Sithole
 CONTACT: 082 958 9999