



I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner.

Rank: T/C.OFFICIAL Date: 27/09/2024  
LeKakalaka

Signature  
Commissioner of oaths  
Republic of South Africa

DEPARTMENT OF CO-OPERATIVE GOVERNANCE  
HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS  
LEKALAKALA  
TRADITIONAL COUNCIL  
2024-09-27  
P.O BOX 6801  
GA-LEKALAKALA, 0649  
WETERBERG DISTRICT SUPPORT CENTER



**LEKALAKALA TRADITIONAL COUNCIL  
GA KGOSHIGADI RAMASELA MAXIN LEKALAKALA**



**010250 GA-LEKALAKALA VILLAGE**

**0649**

**ENQ:LEBELO T.B**

**TEL:081 7741 881 /079 106 9595**

**DATE:27/09/2024**

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**PROOF OF RESIDENCE**

This is to confirm that NKHUMANE JANE LEPATSI

ID NO 051031 0757 081 is a bonafide resident of Ga-Lekalakala residing at the following address:

House NO: 010234

Street name: SEMOKGO STR

Tiberius village

Ga-Lekalakala

0649

Mogalakwena Municipality(Ward 5)

Waterberg District

This office recommends any help necessary that your company /institution/department could offer to the bearer

In need you can contact our office at the abovementioned telephone numbers.

Signature: T. B. Lebelo

**Authorised representative**

DEPARTMENT OF CO-OPERATIVE GOVERNANCE  
HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

LEKALAKALA  
TRADITIONAL COUNCIL

2024-09-27 -

P.O BOX 6661