

PHYSICAL ADDRESS
PORT ST. JOHNS LOCAL MUNICIPALITY
ERF 257 MAIN ROAD
PORT ST. JOHN'S

POSTAL ADDRESS
P.O. BOX 2
PORT ST. JOHN'S
5120



FAX 047 964 1295
www.psjmunicipality.gov.za
info@psjmunicipality.gov.za

WARD
NO. 20

CONFIRMATION OF PROOF OF A PLACE OF RESIDENCE ISSUES FREE OF CHARGE / IFUMANEKA SIMAHLA

DATE 26/08/2024
TO AS REQUESTED proof of Residence

I COUNCILLOR M. MAKAULA CELL NO: 060 954 4577

Duly authorize the representative of the Port St Johns Municipality to confirm that

Mr./Ms. Maiela Baner

With ID NO: 000127 6220 082 resides Mkande

location In ward 20 of the Port St Johns Municipality
at Voting District No 1770848

Therefore any assistance that you may be in a position to tender would be highly appreciated

Yours in Municipal Services

CLLR. M. MAKAULA
M. MAKAULA

WARD COUNCILLOR NAME

PORT ST. JOHNS MUNICIPALITY	
CLLR: _____	WARD: <u>20</u>
SIGN: <u>[Signature]</u>	
DATE: _____	

Valid for 3 Months

