



MAKHUDUTHAMAGA

LOCAL MUNICIPALITY

Mmogo re šomela diphetogo!

DEPARTMENT:
COMMUNITY SERVICES

PHYSICAL ADDRESS
01 Groblersdal Road
Jane Furse
1085

POSTAL ADDRESS
Private Bag X434
Jane Furse
1085

PROOF OF RESIDENCE

ENQ: TSHEHLA M

TEL : 013 265 8680/81

TO WHOM IT MAY CONCERN

Sir/Madam

This is to certify that the bearer of this letter is a resident of Makhuduthamaga Municipality, residing at the following address:

Surname IALANE

Full Names FEONAH ISHOGANE TJO

Identity Number 040614 0648 089

Physical Address SEILABOSWANE STAND-30010

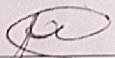
Postal Address P O BOX 796 MARBLE-HALL 0450

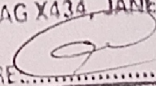
Ward Number 30

You are requested to assist the bearer in whatever way possible.

NB: This document is valid for 3 months from the date of issue.

Regards


Monakedi M.J
Ward Councilor 30

MAKHUDUTHAMAGA
MUNICIPALITY
COMMUNITY SERVICES
08 -07- 2024
PRIVATE BAG X434, JANE FURSE. 1085
SIGNATURE 

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