

Lydenburg Head Office:  
Tel: 013 235 7300  
Fax: 013 235 1108

Sable Unit:  
Tel: 013 235 7444  
Fax: 013 764 1077

Graskop Unit:  
Tel: 013 767 7448  
Fax: 013 767 1611

www.tclm.gov.za



**THABA CHWEU  
LOCAL MUNICIPALITY**

24 Hours Emergency no:  
Tel: 013 235 1788  
013 235 7370  
Toll free: 0800 007 222

PO Box 61  
Lydenburg 1120  
Cnr. Viljoen & Sentraal Streets

All Correspondence to be directed  
To the Municipal Manager

**OFFICE OF THE MUNICIPAL MANAGER**

Enq : Mr. NKOSI  
Ref : 19/4/1/1

10 OCTOBER 2024

**CONFIRMATION OF RESIDENTIAL ADDRESS.**

**TO WHOM IT MAY CONCERN**

This letter serves to confirm the residential address as advised by the bearer for **MASINGA SIPHIWE ENNIE** with identity number **0501150818083** thereafter referred to as a natural person is residing at **1764 DERDE STREET, MASHISHING 1123.**

You are kindly requested to provide him/her with the necessary assistance.

We trust you will find the above to be in order.

Yours faithfully

**MR R.S MAKWAKWA  
MUNICIPAL MANAGER**




**REPUBLIC OF SOUTH AFRICA**  
**NATIONAL IDENTITY CARD**

Surname:  
**MASINGA**  
 Names:  
**SIPHWE ENNIE**  
 Sex:  
**F**  
 Nationality:  
**RSA**  
 Identity Number:  
**0501150818083**  
 Date of Birth:  
**15 JAN 2005**  
 Country of Birth:  
**RSA**  
 Status:  
**CITIZEN**

  
 Signature:  



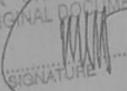
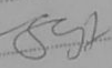
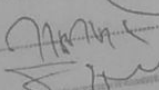
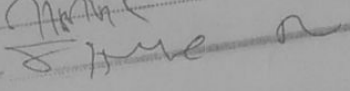

Conditions: Date of issue: **05 DEC 2022**  
 This card has been issued by the  
 Department of Home Affairs in terms of the  
 Identification Act, Act 68 of 1997  
If found please return to the Department of Home Affairs  
 For enquiry or verification purposes contact 0800 90 11 99

**RSA**

117352250


I CERTIFY THAT THIS DOCUMENT IS A TRUE  
 REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT  
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 RANK:   
 FORCE NO:   


**SUID AFRIKAANSE POLISIEDIENS**  
**STATION COMMANDER**  
**01-10-2024**  
**LYDENBURG**  
**COMMUNITY SERVICE CENTER**  
**SOUTH AFRICAN POLICE SERVICE**

NOTICE OF PERSONAL PARTICULARS

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

I.D. No. 660517 0261 085



S.A. CITIZEN

SURNAME  
MAKHUBELA

FORENAMES  
MASIBONGISI MARTHA

COUNTRY OF BIRTH  
SOUTH AFRICA

DATE OF BIRTH  
1966-05-17

DATE ISSUED  
2014-06-25



ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

CERTIFY THAT THIS IS A TRUE  
REPRODUCTION COPY OF A 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.

SIGNATURE

FORCE NO

RANK

SUID AFRIKAANSE POLISIEDIENS  
STATION COMMANDER  
01-10-2024  
LYDENBURG  
COMMUNITY SERVICE CENTER  
SOUTH AFRICAN POLICE SERVICE