



CITY OF JOHANNESBURG
METROPOLITAN MUNICIPALITY

OFFICE OF THE SPEAKER

Office of the Ward Councilor: Bongani Dlamini
Region D 2 - Ward 31

Date..... 07/02/2024

Dear Sir/Madam

This Letter serves to confirm that the person mentioned is a resident/tenant in the area within my ward Boundaries. I therefore recommend that he/she be assisted as a rightful resident.

Name of Resident..... SIYASAMBA NOZIBELE

ID Number..... 0509098442083

Address..... 649 LETSATI STREET
ORLANDO EAST

NB: THIS DOCUMENT IS NOT A TITTLE DEED. IT SHOULD BE STRICTLY USED FOR THE PURPOSE STATED ABOVE E.G APPLICATION IN REPECT TO THE FOLLOWING:

Bank Account

Social Grant

School and Tertiary Admission

SARS

Government Department

Employment and Pension Fund

Others.....

Yours Sincerely

Counsellor Bongani Dlamini

Cell Number : 0768345157

I certify that deponent acknowledged that he/she knew and understood the contents of the above declaration, that I duly administered the prescribed Oath and that there after the deponent in my presence affixed his/hers/his mark/initials on.....
Before me ex officio Commissioner of Oaths
Signature.....
Full Name.....
Councilor.....
City of Johannesburg, Civic Centre
158 LOVEDAY STREET, BRAMFONTEIN

CITY OF JOHANNESBURG
Office of the Speaker
07 FEB 2024
Ward Governance
Ward Councilor

Galaxy A04s