

Declaration

I hereby declare that the stated information is true and complete.

LORRAINE VORSTER
OPE Administrator Signature

OPE

Date
(CCYYMMDD)

2 0 2 5 0 9 2 2

S-ID

S 1 0 2 9 5 0 7

Time

13:34:05


Detective Burger Signature

Date
(CCYYMMDD)

S-ID

S

RFX01

FV 2024.03.00

TRN 6000030495

RFXS 009

Y 2023

002/002

