



STB528437

**Philna Moelich**

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**From:** SABBS office <sabbsoffice@gmail.com>  
**Sent:** 24 August 2020 11:19 AM  
**To:** Philna Hattingh  
**Subject:** J SIBAMBE TELER  
**Attachments:** New Document.pdf



**From:** accounts [mailto:accounts@sabbs.org]  
**Sent:** 22 August 2020 16:17  
**To:** 'SABBS Office'  
**Subject:** FW: New Document.pdf

**Kind Regards**

**Lynn Coetzee**  
**Finances**  
**SA Boerboel Breeders' Society**

**From:** JOE sibande <joesibande02@gmail.com>  
**Sent:** Friday, 21 August 2020 4:51 PM  
**To:** accounts@sabbs.org  
**Subject:** New Document.pdf



Virus-free. [www.avast.com](http://www.avast.com)

# South African Boerboel Breeders' Society

Registered as a breeders' society in terms of the Animal Improvement Act, No 62 of 1998  
Registration Number 62/98/B-68

Head Office South Africa  
PO Box 506, Bloemfontein, 9300, South Africa Tel: +27 (0)51 410 0950 ~ +27 (0)51 448 4220  
E-pos die volhorede vorm na: [info@sabbs.org.za](mailto:info@sabbs.org.za) [www.sabbs.org.za](http://www.sabbs.org.za)

## Member application

Complete "A", "C" and "D" in full, "B" only if applicable.  
E-mail the completed form to [info@sabbs.org.za](mailto:info@sabbs.org.za)

Lidmaatskapsaansoek

Voltooi "A", "C" en "D" volledig. "B" slegs indien van toepassing.  
E-pos die volhorede vorm na:

| A. PERSONAL PARTICULARS                                                                                                                                                                                                                                                                                                               |  |                                             |                                    | PERSOONLIKE BESONDERHEDE                 |  |                                                                   |                                            |                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|------------------------------------|------------------------------------------|--|-------------------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| Language preference:<br>Taalkoofkeur:                                                                                                                                                                                                                                                                                                 |  | <input checked="" type="checkbox"/> English | <input type="checkbox"/> Afrikaans | Member Type:<br>Type Lid:                |  | <input checked="" type="checkbox"/> Ordinary Member<br>Gewone Lid | <input type="checkbox"/> Junior Junior Lid | <input type="checkbox"/> Other!<br>Ander! |
| If Member Type is Other, Name of Body:<br>Indien Type Lid Ander is, Naam:                                                                                                                                                                                                                                                             |  |                                             |                                    | N/A                                      |  |                                                                   |                                            |                                           |
| If Member Type is Other, Reference Number:<br>Indien Type Lid Ander is, Verwysingsnommer:                                                                                                                                                                                                                                             |  |                                             |                                    | N/A                                      |  |                                                                   |                                            |                                           |
| Surname:<br>Van:                                                                                                                                                                                                                                                                                                                      |  | SIBANDE                                     |                                    | Identity Number:<br>Identifikasienommer: |  | N/A                                                               |                                            |                                           |
| Physical address:<br>Straatadres:                                                                                                                                                                                                                                                                                                     |  |                                             |                                    | Given Names:<br>Voornam:                 |  | JOHANNES                                                          |                                            |                                           |
|                                                                                                                                                                                                                                                                                                                                       |  |                                             |                                    | Postal Address:<br>Posadres:             |  |                                                                   |                                            |                                           |
| 05 MARWICK RD                                                                                                                                                                                                                                                                                                                         |  | 05 MARWICK RD                               |                                    | Province / State:<br>Provinsie / Staat:  |  | KZN                                                               |                                            |                                           |
| PRESTBURY                                                                                                                                                                                                                                                                                                                             |  | PRESTBURY                                   |                                    | Country:<br>Land:                        |  | RSA                                                               |                                            |                                           |
| PIETERMARITZBURG                                                                                                                                                                                                                                                                                                                      |  | PIETERMARITZBURG                            |                                    | Postal / Zip Code:<br>Poskode:           |  | 3208                                                              |                                            |                                           |
| Province / State:<br>Provinsie / Staat:                                                                                                                                                                                                                                                                                               |  | KZN                                         |                                    | Province / State:<br>Provinsie / Staat:  |  | KZN                                                               |                                            |                                           |
| Country:<br>Land:                                                                                                                                                                                                                                                                                                                     |  | RSA                                         |                                    | Country:<br>Land:                        |  | RSA                                                               |                                            |                                           |
| E-mail address:<br>E-pos adres:                                                                                                                                                                                                                                                                                                       |  | JOESIBANDE02@GMAIL.COM                      |                                    |                                          |  |                                                                   |                                            |                                           |
| Telephone Numbers: Please provide number in the following format:<br>Telefoon nommers: Verskaf nommers asseblief in die volgende formaat:                                                                                                                                                                                             |  |                                             |                                    |                                          |  |                                                                   |                                            |                                           |
| Home:<br>Huis:                                                                                                                                                                                                                                                                                                                        |  | N/A                                         |                                    | Work:<br>Werk:                           |  | 0338455588                                                        |                                            | Cell:<br>Sel:                             |
|                                                                                                                                                                                                                                                                                                                                       |  |                                             |                                    |                                          |  | 0846404540                                                        |                                            |                                           |
| B. BREEDER: APPLICATION FOR STUD / KENNEL NAME (PREFIX)<br>Teler: AANSOEK OM STOETNAAM (VOORVOEGSEL)                                                                                                                                                                                                                                  |  |                                             |                                    |                                          |  |                                                                   |                                            |                                           |
| Application form available at:<br>Aansoekvorm beskikbaar by: <a href="http://sabbs.org/services/membership">http://sabbs.org/services/membership</a>                                                                                                                                                                                  |  |                                             |                                    |                                          |  |                                                                   |                                            |                                           |
| <input checked="" type="checkbox"/> I wish to join SABBS as a breeder member and register a unique stud name (prefix) with SA Stud Book. The completed application form is attached.<br>Ek wil as 'n telerlid by SABBS aansluit en 'n unieke stoetnaam (voorvoegsel) by SA Stamboek registreer. Die voltooië aansoekvorm is aangeheg. |  |                                             |                                    |                                          |  |                                                                   |                                            |                                           |

| C. FEES                                                                                                                                                      |  | TOEPASLIKE GELDE EN BETALINGSINSTRUKSIES                                                                            |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------|--|
| APPLICABLE FEES AND PAYMENT INSTRUCTIONS                                                                                                                     |  | Joining fee (once-off SA Stud Book participation):<br>Aansluitingsgeld (eenmalig SA Stamboek deelname):             |  |
| Please refer to the appropriate information sheet for your region, available at: <a href="http://sabbs.org/services/fees">http://sabbs.org/services/fees</a> |  | 650.00                                                                                                              |  |
|                                                                                                                                                              |  | Subscription:<br>Ledegeel:                                                                                          |  |
|                                                                                                                                                              |  | 700.00                                                                                                              |  |
|                                                                                                                                                              |  | Registration of Prefix, if required (breeders only):<br>Registrasie van Voorvoegsel, indien verlang (slegs telers): |  |
|                                                                                                                                                              |  | 700.00                                                                                                              |  |
|                                                                                                                                                              |  | Total:<br>Totaal:                                                                                                   |  |
|                                                                                                                                                              |  | R 2050.00                                                                                                           |  |
| Select your Region:<br>Kies u Streek:                                                                                                                        |  | KZN                                                                                                                 |  |
| Select / Kies                                                                                                                                                |  |                                                                                                                     |  |

| D. AGREEMENT                                                                                                                                                         |  | OORVERENING              |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|
| I agree to:<br>Ek onderneem om:                                                                                                                                      |  | NAME / NAAM              |  |
| 1. Accept and abide by the SABBS Constitution and Bylaws.<br>Die SABBS-Grondwet en Verordeninge te aanvaar en my daaraan te onderwerp.                               |  | S. SIBANDE               |  |
| 2. Pay all prescribed subscription and service fees upon request and when due.<br>Alle voorgeskrewe lede- en diensgeelde op versoek en teen die betaaldag te betaal. |  | DATE / DATUM             |  |
|                                                                                                                                                                      |  | 21 AUGUST 2020           |  |
|                                                                                                                                                                      |  | SIGNATURE / HANDTEKENING |  |

**Other:** Company, close corporation, partnership or other body corporate. In this case a reference number, the name of the body, and the personal particulars of the authorised representative must be provided. / Ander: Maatskappy, besloten korporasie, vennootskap, of ander regs persoon. In hierdie geval moet 'n vert-wysingsnommer, die naam van die liggaam, en die persoonlike besonderhede van die gevolmagtigde persoon verskaf word.

**Identity Number:** National Identification or equivalent unique personal identification number. If no number is issued by your country, passport number / Identifikasienommer: Nasionale of soortgelyke unieke persoonlike identifikasienommer. Indien geen identifikasienommer deur u land uitgereik word nie,

# SA STAMBOEK STUD BOOK

SABES-L.D./NEVER

SABES-L.D./NEVER

SABES-L.D./NEVER

ARC (AGRICULTURAL RESEARCH COUNCIL) VIA SA STUD BOOK

Boerboelteler / Boerboel breeder  
Boerboeleienaar / Boerboel owner

1. EK / ONS / I / WE (Titel / Title)
2. VOORLETTERS / INITIALS
3. VAN / SURNAME
4. ID. NOMMER / ID NUMBER
5. BTW-NOMMER / VAT NUMBER

Heg asb. 'n afskrif van die BTW sertifikaat aan, indien van toepassing / Please attach a copy of the VAT certificate, if applicable)

6. **DEELNEMER NAAM** (indien die deelname nie geregistreer moet word as 'n individu of onder die aansoeker se van nie)  
**PARTICIPANT NAME** (if participation must be registered as an individual or under the applicant's name)  
 6. **DEELNEMER NAAM** (indien die deelname nie geregistreer moet word as 'n individu of onder die aansoeker se van nie)  
**PARTICIPANT NAME** (if participation must be registered as an individual or under the applicant's name)

[illegible]

| 1                                                                                            | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 57 | 58 | 59 | 60 | 61 | 62 | 63 | 64 | 65 | 66 | 67 | 68 | 69 | 70 | 71 | 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 | 85 | 86 | 87 | 88 | 89 | 90 | 91 | 92 | 93 | 94 | 95 | 96 | 97 | 98 | 99 | 100 |
|----------------------------------------------------------------------------------------------|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-----|
| PARTICIPATION IS NOT TO BE REGISTERED UNDER THE SURNAME OF THE APPLICANT OR AS AN INDIVIDUAL |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |     |

ADRES VAN AANSOEKER / ADDRESS OF APPLICANT

[illegible]

|                      |      |               |       |                |     |
|----------------------|------|---------------|-------|----------------|-----|
| Prov.                | KZN  | Staat / State | PMB   | Land / Country | RSA |
| 10. POSCODE/ZIP CODE | 3208 | TELEPHONE     | (023) | 8155           |     |

|     |                  |            |            |         |         |
|-----|------------------|------------|------------|---------|---------|
| 10. | POSKODE/ZIP CODE | 3208       | TEL        | ( 033 ) | 8455588 |
|     | SEL / CELL       | 0846404540 | FAKS / FAX | ( N/A ) |         |

|                  |               |             |
|------------------|---------------|-------------|
| 11. E-POS/E-MAIL | Joesibande 02 | @ gmail.com |
|------------------|---------------|-------------|

| 12. TAALVOORKEUR / LANGUAGE PREFERENCE |  |   |
|----------------------------------------|--|---|
| AFRIKAANS                              |  |   |
| ENGLISH                                |  | ✓ |

| DEELNAME | WORD | VERLANG | VANAF | D |   | M |   | C |   | Y |  |
|----------|------|---------|-------|---|---|---|---|---|---|---|--|
|          |      |         |       | D | M | M | C | C | Y | Y |  |
| 0        | 1    | 0       | 1     | 0 | 1 | 2 | 0 | 1 | 9 |   |  |

14 TYPE DEELNAME / TYPE OF PARTICIPATION:

| 1/ | INDIVIDUELE DEELNAME / INDIVIDUAL PARTICIPATION |
|----|-------------------------------------------------|
|----|-------------------------------------------------|

|     |                            |                                     |
|-----|----------------------------|-------------------------------------|
| 2 / | VENNOOTSKAP / PARTNERSHIP* | Aantal vennote / Number of partners |
|-----|----------------------------|-------------------------------------|

|     |                        |
|-----|------------------------|
| 3 / | MAATSKAPPY / COMPANY # |
|-----|------------------------|

|     |                                                |
|-----|------------------------------------------------|
| 4 / | REGSPERSOONLIKHEIDSLIGGAAM / BODY CORPORATE #* |
|-----|------------------------------------------------|

|    |          |
|----|----------|
| 5/ | TRUST #* |
|----|----------|

11\* Registrasi nr. / Registration No.

3 / *Heg asb. die volgende aan, indien van toepassing./Please attach the following, if applicable;*

- a. Uittreksel uit die notule waar die betrokke besluit geneëteer is. / Extract of the minutes reflecting the decision.
- b. Volle name en adresse van alle aandeelhouders. / Full names and addresses of all the shareholders.
- c. Skriftelike magtiging aan tekengeregtigdes. / Written approval of signatories.



26.

EK ONDERNEEM OM MY AAN DIE BEPALINGE IN DIE GRONDWET EN DIE REËLS, REGULASIES EN VERORDENINGE VAN SA STAMBOEK TE ONDERWERP. / I AGREE TO OBSERVE AND BE BOUND BY THE CONSTITUTION AND THE RULES, REGULATIONS AND BYE-LAWS OF SA STUD BOOK.

ONDERTEKEN TE  
SIGNED AT

HIERDIE  
THIS

DAG VAN  
DAY OF

HANDTEKENINGE / SIGNATURES



AANSOEKER OF GEVOLMAGTIGDE /  
APPLICANT OR AUTHORISED PERSON

VERTEENWOORDIGER / REPRESENTATIVE  
SABBS

*Vir Kantoorrekord / For Office recording*

Stuur hierdie vorm asb. aan / Please return this form to

Marisa Nel

E-mail / E-pos: [office@sabbs.org](mailto:office@sabbs.org)

Fax / Faks: + 27 (0)51 448 4220

Tel: + 27 (0)51 410 0950

Banking details: (RSA users only)

Name:

South African Boerboel Breeders' Society

Bank name:

ABSA

Acc. Nr.

4084873089

Branch Code:

632005

PayPal: International banking

Account name: SA Boerboel Breeders Society

Email: [accounts@sabbs.org](mailto:accounts@sabbs.org)



AIM NAME : PMB LIBRARY MAIL 2

AIM NR : 08922

SLQ NR : 005481

CARDLESS

DATE : 2020/08/21

TIME : 13:59:54

### CASH DEPOSIT

PLEASE KEEP YOUR RECEIPT AS PROOF

TO ACC

\*\*\*\*\*3089

ACCOUNT NAME

SOUTH AFRICAN BOERBOEL

AMOUNT

R 2050

REFERENCE

J.sibande

CONTACT NUMBER

0846404540

R10 : R 0

R20 : R 0

R50 : R 50

R100 : R 0

R200 : R 2000

eStamp

Ref 16984869/140968

2020/08/21

To confirm this transaction call

08600 08600 and select option 5

Absa Bank Ltd

## Stop Card/Stopkaart 0800 11 11 55

Absa Bank Limited/Beperk Reg No 1986/004794/06

Authorised Financial Services Provider/Gemagtigde Finansiële diensteverskaffer

Registered Credit Provider/Geregistreerde Kredietverskaffer Reg No NLNCP7

Y12530

GOSE BAERBOELS

NUWE DEELNEMER

1. DEELNEMER NO. 101619141515141
2. ONTVANG OP 1241-1081-121012101
3. BETALING ONTVANG G.N.

KONTROLE LYS / / Voorbereiding / / Boek (skryf)

/ / / Lidnommer

IRIS / / Skep lid / 000 / BBD

/ / Skep lid / RAS /

Voltooi / / Voltooi adres & inligting (maint) / 000 /

/ / Voltooi adres & inligting (maint) / RAS /

/ / Dist (SMU) (user group)

/ / MMNM -(MEM, NON-MEM, ISP,)

/ / PERF - (STUD)

/ / MTYP - (01, 02, 03, )

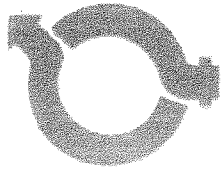
Extentions / / Skep voorvoegsel ( GOSE )

/ / Melk, Vleis, Kleinvee

SESSIE

/ KKM ( OSE ) DATUM AKTIEF 011101120119

.....



**SA STAMBOEK**  
**SA STUD BOOK**

**Suid-Afrikaanse Stamboek- en Dierverbeteringsvereniging**

(Geregistreer in terme van Wet 62 van 1998)

**South African Stud Book and Animal Improvement Association**  
(Registered in terms of Act 62 of 1998)

Adres/Address:  
Telefoon/Telephone:  
Faks/Fax:  
e-Pos/Mail:  
Internet:

Posbus / PO Box 270 • BLOEMFONTEIN • 9300  
(051) 4100900  
(051) 4473964  
info@studbook.co.za  
http://www.studbook.co.za



**CERTIFICATE  
OF QUALITY**  
Valid up to  
1 April 2024

Lid van die Internasionale Komitee vir Dierverbetering  
Member of the International Committee for Animal Recording  
**STB528437**

Verw./Ref.: 0694554 (02/09)  
Datum/Date: 2020-09-02

**GOJE BOERBOELS**  
**MR. J. SIBANDE**  
**PO BOX 21740**  
**MAYORSWALK**  
**PIETERMARITZBURG**  
**3208**

Dear Applicant

## APPLICATION FOR PARTICIPATION

We wish to welcome you as a stud breeder and as a member of the SA Boerboel Breeders' Society. We trust that the internationally approved recording system, on which your data will be recorded and processed, will be your advantage in the improvement of your animals.

The following Participant number and prefix were allocated to you:

**Participant number:** **0694554 BBD**  
**Prefix:** **GOJE**  
**HDM:** **OJE**  
**Effective date:** **01/01/2019**

*Kindly use your participant number in all correspondence, this will ease our task and ensure that you receive the service you deserve. We assure you of our best service at all times. Please do not hesitate to call us for assistance.*

We wish you successful breeding and trust that you will prosper through your efforts to improve your animals.

Kind regards,  
**PHILINA MOELICH**  
Pp  
**GENERAL MANAGER**