

Philna Moelich

From: June Wiid <june@stemma.co.za>
Sent: 03 May 2023 11:48 AM
To: Philna Moelich
Cc: 'Eleanor De Jager'
Subject: ILE DE FRANCE: NUWE LIDMAATSKAP - MAKANOZ (PTY) LTD
Attachments: doc01128620230503114559.pdf

Vriendelike groete / Kind regards

June Wiid

Senior Secretary
SEKRETARIAAT/SECRETARIAT



Charolais Cattle Breeders' Society of SA
Ile De France Sheep Breeders' Society of SA
Romagnola Cattle Breeders' Society of SA

Tel: +27 51 4100 953
Fax: +27 51 448 4220
E-mail: june@stemma.co.za

Address:
P.O. Box 1225
Bloemfontein
9300

Please read the [disclaimer](#)

Ability is what you're capable of doing, *Motivation* determines what you do, *Attitude* determines how well you do it.



BEFORE PRINTING THIS E-MAIL
please consider the environment



ILE DE FRANCE

SHEEP BREEDERS' SOCIETY OF S.A.
SKAAP TELERSGENOOTSAP VAN S.A.

Henry Street / Henry Straal 118
PO Box / Posbus 3776, Bloemfontein 9300
Tel: 051 - 4100953 / Faks: 051 - 448 4220

2 Mei 2023

Die Bestuurder
S.A. Stamboek
Posbus 270
**BLOEMFONTEIN
9300**

VIR AANDAG: Philna

Geagte Dame

AANSOEK OM LIDMAATSKAP: MAKANOZ (PTY) LTD

Aangeheg vind asseblief hiermee bogenoemde lidmaatskap.

Kuddekenmerkletters: MAK

Keuse vir Voorvoegsel: HARTLANDS

Vertrou om spoedig van u in hierdie verband te verneem.

Vriendelike groete

June

**JUNE WIID
SENIOR SEKRETARESSE**

Interne Memo – ILE DE FRANCE

To: ELEANOR DE JAGER

From: JUNE WIID

Date: 02.05.2023

ILE DE FRANCE – NUWE LIDMAATSKAP

MAKANOZ (PTY) LTD
MR. A.A. SOLWANDLE
P.O. BOX 110
KELVIN
2054

Sel: 082 224 1480

Teler moet gefaktureer word soos volg:

SOCIETY'S FEES / GENOOTSKAPSFOOIE:

ENTRY FEE / INTREEFOOI	R 200.00
MEMBERSHIP / LEDEGELD	R3 400-00
BEMARKING / MARKETING	R 425-00
Sub Totaal/ Sub Total	<u>R4 025-00</u>
BTW /VAT15%	<u>R 603-75</u>
Totaal /Total	<u>R4 628-75</u>

Dankie



ILE DE FRANCE VAN S.A

APPLICATION FOR MEMBERSHIP / AANSOEK OM LIDMAATSKAP

The / Die **ILE DE FRANCE SHEEP BREEDERS SOCIETY OF SOUTH AFRICA**
ILE DE FRANCE SKAAPTELESGENOOTSKAP VAN SUID AFRIKA

Box / Bus 3776 BLOEMFONTEIN, 9300 – Tel: 051-4100953 – Faks: 086 664 5317

E-mail / E-pos: idf@studbook.co.za

Ras:/Breed **SHEEP**

(Indien Stoetteling/lf Stud Breeding)

EK/ONS/WE,

1. TITEL: (meld PROF., DR., MNR., MEV., MEJ., ens.)

TITLE: (Indicate PROF., DR., MR., MRS., MISS., etc.) / M / R / / /

2. VOORLETTERS:/INITIALS: / A / A / / / / (NAAM/NAME) **ANDILE ALEX**

3. VAN:/SURNAME: / S / O / L / W / A / N / D / L / E / / / / / / / / / / / / / / / /

4. ID. NOMMER:/ID. NUMBER: / 7 / 8 / 1 / 0 / 0 / 9 / 5 / 4 / 8 / 8 / 0 / 8 / 1 /

(Heg asseblief 'n afskrif van die ID aan/Please attach a copy of ID)

5. BTW NR. :/VAT NO.: / / / / / / / / / / / / / / / / /

(Heg asseblief 'n afskrif van die BTW sertifikaat aan/Please attach a copy of the VAT certificate)

6. DEELNEMER NAAM: (indien die deelname nie geregistreer moet word as 'n individu of onder die aansoeker se van nie)
PARTICIPANT NAME: (if not to be registered under the surname of the applicant or as an individual)

/ M / A / K / A / N / O / Z / (P / T / Y) / L / T / D / / / / / / / / / / / / / / / /

ADRES VAN AANSOEKER:/ADDRESS OF APPLICANT:

"welke adres ek/ons kies as my/ons domicilia citandi et executandi vir alle kennisgewings voortspruitend hieruit"

7. / 1 / 5 / 4 / / K / E / I / / M / O / U / T / H / / R / D / / / / /

8. / K / O / M / G / A / / / / / / / / / / / / / / / / /

9. / / / / / / / / / / / / / / / / /

10. POSKODE:

POSTAL CODE: / 4 / 9 / 5 / 0 /

TELEFOON NOMMER:

TELEPHONE NUMBER: () ()

FAKS:

FAX: () ()

SEL:

CELL: **0822241480**

11. E-POS ADRES:

E-MAIL ADDRESS: **asolwandle@icloud.com**

12. TAAL: (waarin korrespondensie verlang word):

LANGUAGE: (in which correspondence is required)

AFRIKAANS / / / ENGELS/ENGLISH / **X** /

DOEN HIERMEE AANSOEK OM DEELNAME AAN DIE VOLGENDE AANTEKENING DIENSTE VAN SA STAMBOEK/
DO HEREBY APPLY FOR PARTICIPATION IN THE FOLLOWING RECORDING SERVICES RENDERED BY SA STUD
BOOK

Registrasie-aantekening (Stoetteling) ☐ X
Registration recording (Stud breeding)

Produksie-aantekening: Vleis ☐ X
Production recording: Beef

Melk ☐ X
Dairy

Kleinvee ☐ X
Small Stock

Varke ☐ X
Pigs

13. DEELNAME WORD VERLANG VANAF
PARTICIPATION REQUIRED AS FROM

D D M M C C Y Y
/ 0 / 1 / 0 / 5 / 2 / 0 / 2 / 3 /

14. TIPE DEELNAME:/TYPE OF PARTICIPATION:

- ☐ 1/ INDIVIDUELE DEELNEMER/INDIVIDUAL PARTICIPANT
☐ 2/ VENNOOTSKAP/PARTNERSHIP: * Aantal vennote:/Number of partners: ☐ ☐ ☐
☒ 3/ MAATSKAPPY/COMPANY # MAKANOZ (PTY) LIMITED
☐ 4/ REGSPERSOONLIKHEID LIGGAAM/BODY CORPORATE #*
☐ 5/ TRUST #*

Registrasie nr.:/Registration no.: / 2 / 0 / 1 / 8 / / 3 / 1 / 1 / 9 / 4 / 5 / / 0 / 7 / / / / /

☐ 3/ Heg die volgende aan:/Attached the following:

- a) Heg die uittreksel aan uit die notule waar die betrokke besluit genotuleer is. /
Please attach the extract of the minutes reflecting the decision.
b) Volle name en adresse van alle aandeelhouders./Full name and address of the shareholders.
c) Skriftelike magtiging aan teken geregtigdes./Written approval of signatories.

* Gemagtigde persoon/Authorised person ANDILE ALEX SOLWANDLE

15. Is u huidiglik of was u voorheen 'n lid van enige Telersgenootskap ten opsigte van dieselfde of enige ander ras?
Were you formerly or are you currently a member of any Breeder's Society with regard to the same or any other breed?
JA/YES ☒ NEE/NO ☐

Indien JA, dui die naam van die Genootskap hieronder aan, asook u deelnemer nommer, indien beskikbaar:
If YES, state the name of the Breeders' Society below as well as your participant number, if available:

RASGENOOTSKAP:/BREED SOCIETY: LIMOUSIN BREEDERS SOCIETY

NOMMER:/NUMBER: 8619967

KUDDE BESONDERHEDE / HERD PARTICULARS

16. PLAAS NAAM:

FARM NAME:

H / A / R / T / L / A / N / D / S / F / A / R / M /

17. DORP OF STAD NAASTE AAN U PLAAS:

TOWN OR CITY NEAREST TO YOUR FARM:

K / O / M / G / A / E / A / S / T / E / R / N / C / A / P / E /

MELD DIE POSADRES WAARHEEN U KORRESPONDENSIE GESTUUR MOET WORD:

POSTAL ADDRESS WHERE YOUR CORRESPONDENCE MUST BE SENT TO:

"welke adres ek/ons kies as my/ons domicilia citandi et executandi vir alle kennisgewings voortspruitend hieruit"

18. ADRESLYN 1/ADDRESS LINE 1

P / O / B / O / X / 1 / 1 / 0 /

19. ADRESLYN 2/ADDRESS LINE 2

K / E / L / V / I / N /

20. ADRESLYN 3/ADDRESS LINE 3

/ / / / / / / / / / / / / / / / / /

21. POSKODE:/POSTAL CODE: 2 / 0 / 5 / 4 /

TELEFOON NOMMER:/TELEPHONE NUMBER: () ()

FAKS:/FAX: () ()

SEL:/CELL: 0822241480

22. E-POS ADRES:/E-MAIL ADDRESS:

asolwandle@icloud.com

23. GPS KOÖRDINATE (indien beskikbaar):

GPS CO-ORDINATES (if available):

28.366648 and -32.678782

24. MY KEUSE VIR KUDDE KENMERKE IS: Verstrek asb. ses (6) kombinasies in orde van voorkeur.

MY CHOICE FOR HERD DESIGNATION MARKS ARE: Please supply six (6) combinations in order of preference.

A) H / A / R / T /

B) H / F / A / R /

C) M / A / K / A /

D) M / A / K /

E) A / N / D /

F) H / L / F / M /

(For commercial breeders the herd designation mark starts with a Z /

Vir kommersiële telers moet die kuddekenmerkletter met 'n Z begin)

25. SLEGS VIR STOETTELERS: MY/ONS KEUSE VIR KUDDE NAAM(VOORVOEGSEL) IS:

FOR STUD BREEDERS ONLY: MY/OUR CHOICE FOR A HERD NAME (PREFIX) IS:

(Verstrek asb. ses (6) keuses in orde van voorkeur.) (Please supply six (6) combinations in order of preference.)

(Name van dorpe en stede word nie toegelaat nie/Names of towns and cities are not allowed.)

VOORVOEGSEL/PREFIX

A) H / A / R / T / L / A / N / D / S / F / A / R / M /

B) H / A / R / T / L / A / N / D / S /

C) M / A / K / A / N / O / Z /

D) M / A / K / A / N / O / Z / (P / T / Y) / L / T / D /

E) A / N / D /

F) A / A / S / O / L / W / A / N / D / L / E /

Nie beskikbaar nie.

26. **STUD BOOK PAYMENT: / STAMBOEK BETALING: KLEINVEE**

BANK: STANDARD BANK - REK. NR. / ACC. NO: 041191358, TAK / BRANCH: 055534

STAMBOEK FOOIE / STUD BOOK FEES:

Aansluitingsfooi	R 700-00
Voorvoegsel Registrasie: / Prefix administration	R 550-00

Totaal / Total	<u>R1250-00</u>
BTW / VAT 15%	R 187.50
Totaal / Total	<u>R1437.50</u>

'N TJEK OF BEWYS VAN BETALING VIR DIE BEDRAG VAN R _____ TER BETALING VAN DIE FOOIE SOOS AANGEDUI, IS AANGEHEG.
A CHEQUE OR PROOF OF PAYMENT FOR THE AMOUNT OF R _____ IN PAYMENT FOR THE FEES AS INDICATED, IS ATTACHED.

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 _____ HIERDIE _____ DAG VAN _____
SIGNED AT CAPE TOWN THIS 26TH DAY OF APRIL 2023



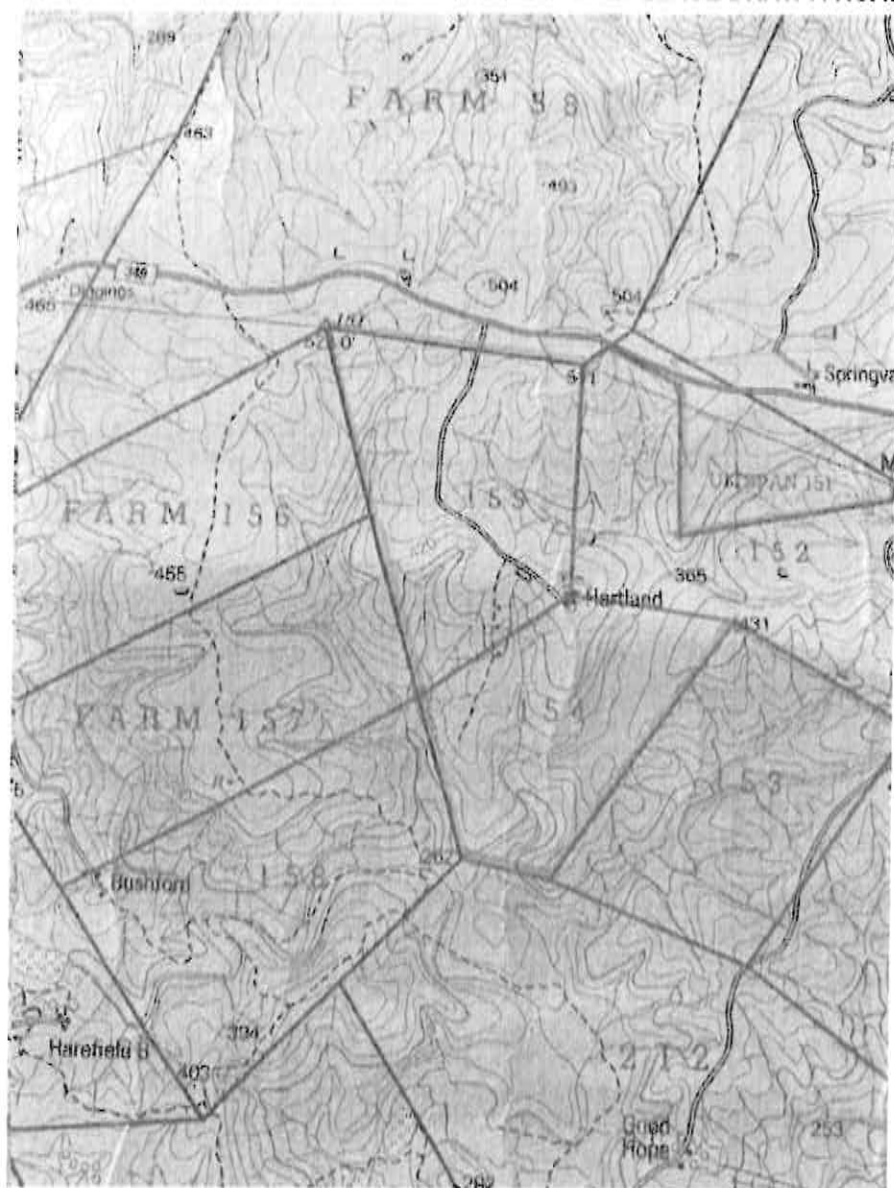
HANDTEKENING VAN APPLIKANT OF GEVOLMAGTIGDE
SIGNATURE OF APPLICANT OR AUTHORISED PERSON

HANDTEKENING VAN GENOOTSKAP
SIGNATURE OF SOCIETY

PAD BESKRYWING VAN NAASTE DORP NA PLAAS WAAR DIERE AANGEHOU WORD OF GPS KOÖRDINATE:
ROAD DIRECTIONS TO FARM WHERE CATTLE ARE HELD OR GPS CO-ORDINATES:

Via the N2 from East London

SKETS ASB 'N PADKAART OM U PLAAS TE BEREIK / PLEASE DRAW A ROADMAP TO REACH YOUR FARM



LYS VAN STAMBOEK DIERE VAN DIE RAS BY WELKE GENOOTSKAP U AANSLUIT
LIST OF STUD ANIMALS OF THE BREED OF THE SOCIETY WHICH YOU ARE JOINING

[illegible]

ILE DE FRANCE SOCIETY'S FEES / GENOOTSKAP FOOIE:

Finansiële jaar eindig 31 Desember / Financial year ended 31st December

ENTRY FEE / INTREEFOOI	R 200-00
MEMBERSHIP / LEDEGELD	R3 400-00
BEMARKING / MARKETING	R 425-00
Sub Totaal/ Sub Total	<u>R4 025-00</u>
BTW /VAT15%	<u>R 603-75</u>
Totaal /Total	<u>R4 628-75</u>

BANK DETAILS \ BANKBESONDERHEDE:

Ile de France Skaaptelersgenootskap van S.A.

Standard Bank - Bloemfontein,

Rekeningnommer: 041184017

Takkode: 055534.

I'N TJEK OF BEWYS VAN BETALING VIR DIE BEDRAG VAN R _____ TER BETALING VAN DIE FOOIE SOOS AANGEDUI, IS AANGEHEG.

A CHEQUE OR PROOF OF PAYMENT FOR THE AMOUNT OF R _____ IN PAYMENT FOR THE FEES AS INDICATED IS ATTACHED.

EK ONDERNEEM OM MY AAN DIE BEPALINGE IN DIE GRONDWET EN DIE REËLS, REGULASIES EN VERORDENINGE VAN DIE ILE DE FRANCE SKAAPTELEERSGENOOTSAP TE ONDERWERP.

I AGREE TO OBSERVE AND BE BOUND BY THE CONSTITUTION AND THE RULES, REGULATIONS AND BYE-LAWS OF THE ILE DE FRANCE SHEEP BREEDERS' SOCIETY.

ONDERTEKEN TE _____ HIERDIE _____ DAG VAN
SIGNED AT Cape Town THIS 26th DAY OF April 20 23

HANDTEKENING VAN APPLIKANT OF GEVOLMAGTIGDE
SIGNATURE OF APPLICANT OR AUTHORISED PERSON

HANDTEKENING VAN GENOOTSKAP
SIGNATURE OF SOCIETY

PARTNERSHIPS / VENNOOTSKAPPE

In the event of a partnership one of these documents must be completed for EVERY partner in the partnership and these documents must accompany the application for membership / In geval van 'n vennootskap moet een van hierdie dokumente

Not applicable *

volledig voltooi word vir **ELKE** vennoot in die vennootskap en moet die dokumente die aansoek om lidmaatskap vergesel.

1 / EK,

1. INITIALS

VOORLETTERS / / / / / /

2. NAME AND SURNAME / NAAM EN VAN

3. TITLE (State PROF., DR., MR., MRS., MISS., etc.)

TITEL (Meld PROF., DR., MNR., MEV., MEJ., ens.) / _/_/_/_/_/_/_/_/_/_/_/_/_/_/_/_

4. ADDRESS LINE 1

[illegible]

5. ADDRESS LINE 2

ADRESLYN 2 /

6. ADDRESS LINE 3

ADRESLYN 3 /

7. POSTAL CODE

TELEPHONE NUMBER

POSKODE / / / / / TELEFOON NOMMER () ()

FAX _____ CELL _____

FAKS () () SEL _____

8. E-MAIL ADDRESS

E-POS ADRES _____

THAT APPLIED FOR MEMBERSHIP UNDER THE MEMBERSHIP NAME:

WAT AANSOEK GEDOEN HET OM LIDMAATSKAP ONDER DIE LIDMAATSKAP NAAM:

DO HEREBY AGREE AND AM BOUND TO BE HELD JOINTLY AND SEPARATELY RESPONSIBLE FOR PAYMENT OF ANY MONIES DUE AND PAYABLE TO THIS SOCIETY AS MAY BE PAYABLE FROM TIME TO TIME / ONDERNEEM EN IS GEBONDE OM GESAMENTLIK OF AFSONDERLIK VERANTWOORDELIK GEHOU TE WORD VIR BETALING VAN ENIGE GELDE WAT AAN HIERDIE GENOOTSKAP VAN TYD-TOT-TYD BETAALBAAR MAG WEES.

Getekend te / signed at _____ on this / op die _____ day of / dag van 20_____.

"Gevolmagtigde verteenwoordiger van vennootskap soos bepaal op 'n vergadering van die vennote gehou op _____ 20 _____."

"Authorized representative of partnership as determined at a meeting of partners held on _____ 20__."

Naam / Name: _____

Adres / Address: _____

SIGNATURE OF PARTNER / HANDTEKENING VAN VENNOOT

FOR COMPLETION BY THE DIRECTORS / MEMBERS OF COMPANIES / CLOSE CORPORATIONS
VIR VOLTOOIING DEUR DIE DIREKTEURE VAN MAATSKAPPE / BESLOTE KORPORASIES

I / WE (full names and addresses please)
Ek / Ons (volle name en adresse asseblief)

Andile Alex Solwandle

in my / our capacity as Director of the Company / ~~individual members of the close corporation~~, declare myself / ourselves prepared in our personal capacities to be held responsible for the payment of the outstanding debts of the Company / ~~Close Corporation~~.

in my hoedanigheid as Direkteur van die Maatskappy / individuele lede van die Beslote Korporasie, verklaar myself / onself hiermee bereid om in ons persoonlike hoedanigheid verantwoordelik te wees vir die vereffening van die uitstaande skulde van die Maatskappy / beslote Korporasie.

Geteken te / signed at Cape Town on this / op die 26th day of / dag van 20 April 2023

"Gevolmagtigde verteenwoordiger van maatskappy, private maatskappy of regspersoon soos bepaal op 'n vergadering van die direkteure / lede gehou op _____ 20____."

"Authorised representative of company, private company or body corporate as determined at a meeting of directors / members held on 26 April _____ 2023."

Naam / Name: Andile Alex Solwandle

Adres / Address: 154 Kei Mouth Road

Komga

4950

SIGNATURES / HANDTEKENINGE



SOCIETY OF SOUTH AFRICA
GENOOTSKAP VAN SUID-AFRIKA


SIGNATURE OF APPLICANT
HANDTEKENING VAN APPLIKANT

SIGNATURE OF SOCIETY
HANDTEKENING VAN GENOOTSKAP

ILE DE FRANCE SKAAP TELERSGENOOTSKAP VAN S.A.
OOREENKOMS TUSSEN DIE AANSOEKER EN DIE ILE DE FRANCE SKAAP TELERSGENOOTSKAP
VIR AANSOEK OM LIDMAATSKAP

**ILE DE FRANCE SHEEP BREEDERS' SOCIETY OF S.A.
AGREEMENT BETWEEN THE APPLICANT AND THE ILE DE FRANCE SHEEP BREEDERS' SOCIETY
FOR APPLICATION FOR MEMBERSHIP**

Ek/I Andile Alex Solwandle ID nommer/ID number: 7810095488081 onderneem
om/undertake:

1. Alles in my vermoë te doen om die ILE DE FRANCE ras eerlik en in die beste belang tot voordeel van die Ile de France skaapas te promoveer / *to do the best of my ability to serve and promote the Ile de France breed;*
2. Die Genootskap se Reëls ten opsigte van ILE DE FRANCE veilings te eerbiedig / *To respect the Rules regarding the ILE DE FRANCE auctions;*
3. My uitstaande rekening aan die Genootskap verskuldig ten volle te vereffen soos deur die Grondwet vereis / *To settle my outstanding account to the Society as required by the Constitution;*
4. Dat ek die dokumente wat aan my voorsien is deeglik nagegaan het en die inhoud daarvan verstaan en my ten volle daarmee vereenselwig / *To thoroughly checked and I understand the contents of the documents provided to me.*
5. Indien u van voorneme is om te bedank as lid van die Genootskap moet 'n skriftelike bedanking die kantoor bereik om sodoende te voldoen aan die reëls en regulasies van die Grondwet. Indien u nie aan die versoek voldoen nie sal u nog verantwoordelik gehou word vir die uitstaande rekening. / *If you intend to resign as a member of the Society, a written resignation must reach the office in order to comply with the rules and regulations of the Constitution. If you do not comply with the request, you will still be held responsible for the outstanding account.*
6. Indien rekening 120+ dae uitstaande is sal lid outomaties opgeskort word. / *If account is 120+ days outstanding, member will be automatically suspended.*
7. Die Ile de France Grondwet en Handleiding deeglik sal nagaan en my self vergewis van die inhoud daarvan. *The Ile de France Constitution and Manual will thoroughly review and familiarize myself with its contents.*

Geteken te / Signed at Cape Town op die / on the 26th dag van/day of
April 2023.

In teenwoordigheid van die ondergetekende getuie / *In the presence of the undersigned witness:*

ANDILE ALEX SOLWANDLE

NAAM EN VAN IN DRUKSKRIF/NAME AND SURNAME IN BLOCK LETTERS

HANDTEKENING: EIENAAR/GEVOLMAGTIGDE/SIGNATURE: OWNER/AUTHORIZED PERSON:

TRACY MCINTOSH

NAAM EN VAN IN DRUKSKRIF/NAME AND SURNAME IN BLOCK LETTERS

HANDTEKENING: GETUIE/SIGNATURE: WITNESS

ILE DE FRANCE

SHEEP BREEDERS' SOCIETY OF S.A.
SKAAP TELERSGENOOTSAP VAN S.A.

Henry Street / Henry Straat 118
PO Box / Posbus 3776, Beemfontein 9300
Tel: 051 - 4100953 / Faks: 051 - 448 4220



June Wiid

From: Tracy McIntosh <tmcintosh@solwandle.co.za>
Sent: Wednesday, 26 April 2023 12:12
To: idf@studbook.co.za
Cc: Andile Solwandle
Subject: Application form and supporting documentation
Attachments: IDF-AANSOEK-OM-LIDMAATSKAP-2023-APPLICATION-FOR-MEMBERSHIP-2023-NEW.pdf; COR21.1_conf.pdf; Mr Solwandle ID 0.pdf

Good day,

We refer to the above.

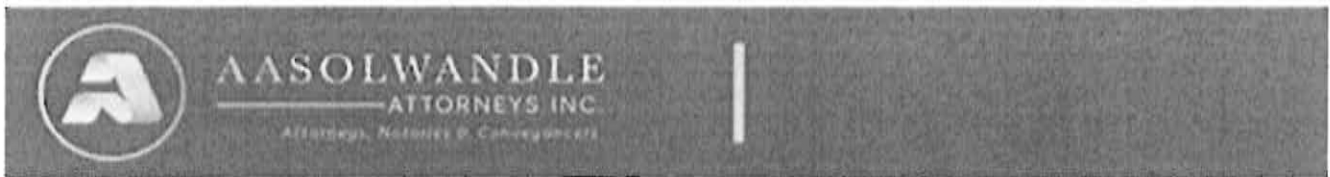
Please find attached herewith the application form and supporting documentation.

Please be advised that animals have been purchased from REGINA C HARMSE, Plaas Uitgezocht (0722703461 / regina@rchiledefrance.co.za), in order to have the animals transferred to Mr Solwandle.

Please let me know if you require any further information or documents.

Kind regards,

Tracy McIntosh
Personal Assistant to Mr. AA Solwandle
AA Solwandle Attorneys Inc
Mobile: 0722977087
Email: tmcintosh@solwandle.co.za
Website: www.aasolwandleattorneys.co.za



Attorneys, Notaries & Conveyancers
Gauteng: 15 Meadows End, Woodmead, Sandton | PO Box 110, Kelvin, 2054 | Tel: 011 656 4740 | Fax: 011 656 4741
Docex 36 Halfway House
Cape Town: 11th floor, Norton Rose House, 8 Riebeeck Street, Cape Town | Tel: 021 461 0933
Fax: 021 461 1139 Docex 3 Cape Town
Kimberly: 5 Woodley street, Kimberly Central | Tel: 053 8311501
King Williams Town: 1st Floor, Sutton Square, 10 Queens Road, King Williams Town | Tel: 043 642 1415
Port Elizabeth: 1st Floor, Harmony Building, Market street, Northend, Port Elizabeth | Tel: 041 487 3542 Fax: 086 219 2508



ILE DE FRANCE VAN S.A

APPLICATION FOR MEMBERSHIP / AANSOEK OM LIDMAATSKAP

The / Die ILE DE FRANCE SHEEP BREEDERS SOCIETY OF SOUTH AFRICA
ILE DE FRANCE SKAAPTELESGENOOTSKAP VAN SUID AFRIKA

Box / Bus 3776 BLOEMFONTEIN, 9300 – Tel: 051-4100953 – Faks: 086 664 5317

E-mail / E-pos: idf@studbook.co.za

Ras/Breed **SHEEP**

(Indien Stoetteling/If Stud Breeding)

EK/ONS/WE,

1. TITEL: (meld PROF., DR., MNR., MEV., MEJ., ens.)

TITLE: (Indicate PROF., DR., MR., MRS., MISS., etc.) M/R/

2. VOORLETTERS:/INITIALS: A/A/ (NAAM/NAME) ANDILE ALEX

3. VAN:/SURNAME: S/O/L/W/A/N/D/L/E/

4. ID. NOMMER:/ID. NUMBER: 17/8/1/0/0/9/5/4/8/8/0/8/1/

(Heg asseblief 'n afskrif van die ID aan/Please attach a copy of ID)

5. BTW NR. :/VAT NO.: /

(Heg asseblief 'n afskrif van die BTW sertifikaat aan/Please attach a copy of the VAT certificate)

6. DEELNEMER NAAM: (indien die deelname nie geregistreer moet word as 'n individu of onder die aansoeker se van nie)
PARTICIPANT NAME: (if not to be registered under the surname of the applicant or as an individual)

M/A/K/A/N/O/Z/(P/T/Y)L/T/D/

ADRES VAN AANSOEKER:/ADDRESS OF APPLICANT:

"welke adres ek/ons kies as my/ons domicilia citandi et executandi vir alle kennisgewings voortspruitend hieruit"

7. 1/5/4/ K/E/I/ M/O/U/T/H/ R/D/

8. K/O/M/G/A/

9. /

10. POSKODE:

POSTAL CODE: 4/9/5/0/

TELEFOON NOMMER:

TELEPHONE NUMBER: () ()

FAKS:

FAX: () ()

SEL:

CELL: 0822241480

11. E-POS ADRES:

E-MAIL ADDRESS: asolwandle@icloud.com

12. TAAL: (waarin korrespondensie verlang word):

LANGUAGE: (in which correspondence is required)

AFRIKAANS / ENGELS/ENGLISH X/

DOEN HIERMEE AANSOEK OM DEELNAME AAN DIE VOLGENDE AANTEKENING DIENSTE VAN SA STAMBOEK/
DO HEREBY APPLY FOR PARTICIPATION IN THE FOLLOWING RECORDING SERVICES RENDERED BY SA STUD
BOOK

Registrasie-aantekening (Stoetteling) ☒
Registration recording (Stud breeding)

Produksie-aantekening: Vleis ☒
Production recording: Beef

Melk ☒
Dairy

Kleinvee ☒
Small Stock

Varke ☒
Pigs

13. DEELNAME WORD VERLANG VANAF
PARTICIPATION REQUIRED AS FROM

D D M M C C Y Y
1 0 1 0 5 2 0 2 3

14. TIPE DEELNAME:/TYPE OF PARTICIPATION:

- 1/ INDIVIDUELE DEELNEMER/INDIVIDUAL PARTICIPANT
2/ VENNOOTSKAP/PARTNERSHIP: * Aantal vennote:/Number of partners: 1
✓ 3/ MAATSKAPPY/COMPANY # MAKANOZ (PTY) LIMITED
4/ REGSPERSOONLIKHEID LIGGAAM/BODY CORPORATE #*
5/ TRUST #*

Registrasie nr. :/Registration no.: 2 0 1 8 / 3 1 1 9 4 5 / 0 7 / / / / /

3/ Heg die volgende aan:/Attached the following:

- a) Heg die uittreksel aan uit die notule waar die betrokke besluit genotuleer is. /
Please attach the extract of the minutes reflecting the decision.
b) Volle name en adresse van alle aandeelhouders./Full name and address of the shareholders.
c) Skriftelike magtiging aan teken geregtigdes./Written approval of signatories.

* Gemagtigde persoon/Authorised person ANDILE ALEX SOLWANDLE

15. Is u huidiglik of was u voorheen 'n lid van enige Telersgenootskap ten opsigte van dieselfde of enige ander ras?
Were you formerly or are you currently a member of any Breeder's Society with regard to the same or any other breed?
JA/YES 1 X/ NEE/NO 1

Indien JA, dui die naam van die Genootskap hieronder aan, asook u deelnemer nommer, indien beskikbaar:
If YES, state the name of the Breeders' Society below as well as your participant number, if available:

RASGENOOTSKAP:/BREED SOCIETY: LIMOUSIN BREEDERS SOCIETY

NOMMER:/NUMBER: 8619967

Certificate issued by the Commissioner of Companies & Intellectual
Property Commission on Thursday, September 22, 2022 at 0:15



Companies and Intellectual
Property Commission
a member of dti group

Address Change for Companies and Close Corporations

COR 21.1

Registration Number: 2018 / 311945 / 07
Enterprise Name: MAKANOZ

ENTERPRISE INFORMATION

Registration Number: 2018 / 311945 / 07
Enterprise Name: MAKANOZ (PTY) LTD
Enterprise Shortened Name:
Enterprise Translated Name:
Registration Date: 24/05/2018
Business Start Date: 24/05/2018
Enterprise Type: Private Company
Enterprise Status: In Business
Financial Year End: May

Addresses

POSTAL ADDRESS

154 KEI MOUTH ROAD
KEI MOUTH ROAD
KOMGA
EASTERN CAPE
4950

ADDRESS OF REGISTERED OFFICE

154 KEI MOUTH ROAD
KEI MOUTH ROAD
KOMGA
EASTERN CAPE
4950

ACTIVE MEMBERS / DIRECTORS

Surname and First Names	Type	ID Number / Date of Birth	Contrib. (R)	Interest (%)	Appoint. Date	Address
SOLWANDLE, ANDILE ALEX	Director	7810095488081	0.00	0.00	24/05/2018	Postal: 15 JOANNE LANE, BUCCLEACH, SANDTON, GAUTENG, 2051 Residential: 15 JOANNE LANE, BUCCLEACH, SANDTON, GAUTENG, 2051

AUDITOR DETAILS

Auditor Name	Type	Status	Appointment Date	Resignation Date	Email Address
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Profession Number:



Certificate issued by the Commissioner of Companies & Intellectual
Property Commission on Thursday, September 22, 2022 at 0:15



Address Change for Companies and Close Corporations

Companies and Intellectual
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COR 21.1

Registration Number: 2018 / 311945 / 07
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Business Start Date: 24/05/2018
Enterprise Type: Private Company
Enterprise Status: In Business
Financial Year End: May
Addresses: POSTAL ADDRESS

154 KEI MOUTH ROAD
KEI MOUTH ROAD
KOMGA
EASTERN CAPE
4950

ADDRESS OF REGISTERED OFFICE

154 KEI MOUTH ROAD
KEI MOUTH ROAD
KOMGA
EASTERN CAPE
4950

ACTIVE MEMBERS / DIRECTORS

Surname and First Names	Type	ID Number / Date of Birth	Contrib. (R)	Interest (%)	Appoint. Date	Address
SOI WANDLE, ANDILE ALEX	Director	7810095488081	0.00	0.00	24/05/2018	Postal: 15 JOANNE LANE, BUCCLEACH, SANDTON, GAUTENG, 2051 Residential: 15 JOANNE LANE, BUCCLEACH, SANDTON, GAUTENG, 2051

AUDITOR DETAILS

Auditor Name	Type	Status	Appointment Date	Resignation Date	Email Address
--------------	------	--------	---------------------	---------------------	---------------

Profession Number:



REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname: **SOLWANDLE**
Forename: **ANDILE ALEX**
Sex: **M**
Nationality: **RSA**
Identity Number: **7810095400081**
Date of Birth: **09 OCT 1978**
Country of Birth: **RSA**
Status: **CITIZEN**



Conditions:
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 of verification purposes contact 0800 50 11 50

Date of issue:
01 NOV 2018



POPIA – WET (BESKERMING VAN PERSOONLIKE INLIGTING)

Die implementeringsdatum van die Wet op Beskerming van die Persoonlike Inligting, 4 van 2013 ("POPIA"), is reeds 30 Junie 2021 geïmplementeer. Hierdie Wet bring 'n paar veranderinge mee.

Daar word van die Ile de France Genootskap verwag om u toestemming te bekom vir die gebruik van u persoonlike inligting. U is geregtig om die gebruik of verspreiding van sodanige inligting te weier.

As u kies of instem dat u persoonlike inligting (nl. u naam, selfoonnommer, adres, e-pos adres) opmerklik is vir enige persoon, sal die Genootskap dit gebruik in ledelyste, enige brosjure of publikasies, navrae, katalogusse ens. Indien u weier sal geen inligting van u aan derde partye deurgegee of verskaf word nie.

Ten einde te verseker u word gerespekteer is dit onmoontlik om slegs in sekere gevalle toestemming te verleen aan die Genootskap. Die beginsel van "alles of niks" geld ten einde enige verwarring uit te skakel.

Ons versoek alle Ile de France lede van die Genootskap om onder geen omstandighede of om watter rede ook al, enige persoonlike inligting, van 'n derde party, te gebruik sonder om die toestemming van die betrokke persoon te verkry nie.

Die Genootskap neem geen verantwoordelikheid vir persone wat hierdie Wet oortree nie. Dit is ook van toepassing op alle inligting op alle dokumentasie van die Ile de France Genootskap.

Die POPI Wet kan gelees word by die volgende link: <https://popia.co.za/>

NAAM VAN PERSOON: _____

TOESTEMMING WORD VERLEEN

☐ JA

TOESTEMMING WORD NIE VERLEEN

☐ NEE

GETEKEN TE _____ OP DIE _____ DAG VAN _____ 20 _____.

HANDTEKENING EN NAAM VAN TELER

HANDTEKENING EN NAAM VAN GETUIE



ILE DE FRANCE

SHEEP BREEDERS' SOCIETY OF S.A.
SKAAP TELERSGENOOTSKAP VAN S.A.

Henry Street / Henry Straal 118
PO Box / Posbus 3776, Baemfontein 9300
Tel: 051 - 4100953 / Faks: 051 - 448 4220

POPIA - ACT (PROTECTION OF PERSONAL INFORMATION)

The implementation date of the Protection of Personal Information Act, 4 of 2013 ("POPIA"), is already being implemented on 30 June 2021. This Act brings about some changes.

The Ile De France Society is required to obtain your consent to the use of your personal information. You are entitled to refuse the use or dissemination of such information.

If you choose or agree that your personal information (namely: your name, cell phone number, address, e-mail address) is notable to any person, the Society will use it in membership lists, any brochure or publications, inquiries, catalogues, etc. If you refuse, no information of yours will be passed on or provided to third parties.

In order to ensure that you are respected, it is impossible to give permission to the Society only in certain cases. The principle of "all or nothing" applies in order to eliminate any confusion.

We request all Ile De France members of the Society not to use, under any circumstances or for any reason whatsoever, any personal information, from a third party, without obtaining the consent of the person concerned.

The Society takes no responsibility for persons who violate this Act. It also applies to all information on all documentation of the Ile de France Society.

The POPI Act can be read at the following link: <https://popia.co.za/>

NAME OF PERSON: ANDILE ALEX SOLWANDLE

PERMISSION IS GRANTED

YES ☒

PERMISSION NOT GRANTED

NO ☐

SIGNED AT CAPE TOWN ON THIS 26TH DAY OF APRIL 2023.

Andile Alex Solwandle

SIGNATURE AND NAME OF BREEDER

Tracy McIntosh

SIGNATURE AND NAME OF WITNESS



FNB

NOTIFICATION OF PAYMENT

To Whom It May Concern:

First National Bank hereby confirms that the following payment instruction has been received:

Date Actioned	: 2023/05/02
Time Actioned	: 18:26:20
Trace ID	: VHBQ46PK

Payer Details

Payment From	A.A SOLWANDLE ATTORNE
Cur/Amount	ZAR6078.75

Payee Details

Recipient/Account no	: ..184017
Name	: IIE DE FRANCE
Bank	: STANDARD BANK OF S.A.
Branch Code	: 051001
Reference	: AA SOLWANDLE

END OF NOTIFICATION

To authenticate this Payment Notification, please visit the First National Bank website at fnb.co.za, select the "Verify Payments" link and follow the on-screen instructions.

Our customer (the payer) has requested First National Bank Limited to send this notification of payment to you. Should you have any queries regarding the contents of this notice, please contact the payer. First National Bank Limited does not guarantee or warrant the accuracy and integrity of the information and data transmitted electronically and we accept no liability whatsoever for any loss, expense, claim or damage, whether direct, indirect or consequential, arising from the transmission of the information and data.

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**FNB**

NOTIFICATION OF PAYMENT

To Whom It May Concern:

First National Bank hereby confirms that the following payment instruction has been received:

Date Actioned : 2023/04/14
Time Actioned : 09:19:19
Trace ID : VFYQT8MK

Payer Details

Payment From : *MTE FARMING (PTY)LTD
Cur/Amount : ZAR4421.75

Payee Details

Recipient/Account no : ..184017
Name : Ile de france skaapt
Bank : STANDARD BANK OF S.A.
Branch Code : 051001
Reference : SIS

END OF NOTIFICATION

To authenticate this Payment Notification, please visit the First National Bank website at fnb.co.za, select the "Verify Payments" link and follow the on-screen instructions.

Our customer (the payer) has requested First National Bank Limited to send this notification of payment to you. Should you have any queries regarding the contents of this notice, please contact the payer. First National Bank Limited does not guarantee or warrant the accuracy and integrity of the information and data transmitted electronically and we accept no liability whatsoever for any loss, expense, claim or damage, whether direct, indirect or consequential, arising from the transmission of the information and data.

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MAKANNOZ (PTY) LTD

NUWE DEELNEMER

1. DEELNEMER NO.
2. ONTVANG OP
3. BETALING ONTVANG

10/11/3/3/9/5/

10/3/10/5/12/0/2/3/

Genootskap sal gekke moet ophang.

KONTROLE LYS

IRIS

☒ Skep lid / 000 /

☒ Skep lid / RAS / IDP

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

☒ KKM (MAK)

☐ Voorbereiding
☐ Lidnommer

☐ ESB
☐ Briewe

☐ Skandeer Ontvangs
☐ Diere saam aansoek
☒ Prestasie Toetsing, aktief
Melk, Vleis, Kleinvee
SESSIE

* Erick

DATUM AKTIEF

10/11/0/5/12/0/2/3/

1000 (100) 50.49/100

00 00

100

100

1000 (100) 50.49/100

100

00 00 00 00

NUWE DEELNEMER

1. DEELNEMER NO.

10171131319151

2. ONTVANG OP

101311015112110121131

3. BETALING ONTVANG

Genootskap sal geldke moet opkass.

KONTROLE LYS

/ / / Voorbereiding
/ / / Lidnommer

/ / / ESB
/ / / Briewe

IRIS

/ / / Skep lid / 000 /
/ / / Skep lid / RAS / IDf

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,)

Extensions

/ / / Skep voorvoegsel

(MAKANOV)

* Erick

/ / / KKM (MFK)

DATUM AKTIEF

101110151121012131

OTJ JET. SO. 434644

20 20

LOT

1

SEAPARK

2000 2000

2000



Suid-Afrikaanse Stamboek- en Diereverbeteringsvereniging
(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 / P.O. 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 Diereverbetering
Member of the International Committee for Animal Recording

Verw./Ref.: 0713395 (05/04)
Datum/Date: 2023-05-04

MAKANOZ (PTY) LTD
MR. A.A. SOLWANDLE
P.O. BOX 110
KELVIN
2054

Dear Sir

APPLICATION FOR PARTICIPATION

We wish to welcome you as a stud breeder and as a member of the Ile de France Sheep Breeders' Society of SA. 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, prefix and herd designation were allocated to you:

Participant number:	0713395 IDF
Prefix:	MAKANOZ
Herd designation marks:	MAK
Effective date:	01-05-2023

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,
PHILNA MOELICH
Pp
GENERAL MANAGER

