

Philina Moelich

From: Sunel van der Merwe <sunel@studbook.co.za>
Sent: 01 June 2023 09:33 AM
To: 'Philina Moelich'
Cc: dean@skyrooarabians.com
Subject: RE: passport applications
Attachments: Paspoort aansoek brief- Philina.pdf; passport applications 2023.pdf

Good morning Philina,

Skyroo Arabians Centre, Studbook Nr. 0697802ARH is applying for x8 Arab passport. You can proceed with the applications.

Please see attached the following:

- Society Letter- Passport Application
- Passport Applications

No.	HORSE NAME	COMPUTURE NO
1	SAC VEGA	0013410469
2	SAC JEWEL	0013410436
3	SAC IBN-BARAJ	0013410451
4	AL AMANAH FATIMA	0013402565
5	SAC BARIKA	0013410444
6	SAC JASMINA	0013410428
7	SAC BABU	0013410394
8	SAC VALENTINA)	0013410410

Kind regards,

Sunel

Vriendelike groete/Kind regards

Sunel du Plessis

Secretary
Secretariat

ARAB HORSE SOCIETY OF SA



Tel: +27 51 410 0946

E-mail: sunel@stemma.co.za
arab@stemma.co.za

Address:

P.O. Box 270
Bloemfontein
9300

Please read the [disclaimer](#)



ARAB HORSE SOCIETY OF SA

STANDARD BANK

ACCOUNT NUMBER: 041216776

BRANCH: 055534

REF: ACC NO WITH THE SOCIETY /

OR SURNAME

From: Philna Moelich [mailto:philna@studbook.co.za]
Sent: Wednesday, May 31, 2023 12:28 PM
To: 'Sunel van der Merwe'
Cc: dean@skyrooarabians.com; philna@studbook.co.za
Subject: FW: passport applications

Goeie dag Sunel

Sien asseblief die epos hier onder en die aangehegte paspoort aansoek.

Jy sal my op hoogte hou en laat weet wanneer ek die paspoorte kan verwerk en hulle reg is op die stelsel..

Lekker dag vir jou.

Kind regards / Groete



Philna Moelich

Admin Clerk: Participation Administration, Passports

E philna@studbook.co.za P +27 51 410 0910

LOGIX

South African Stud Book and Animal Improvement Association

118 Henry Street, Westdene, Bloemfontein, South Africa



www.StudBook.co.za | www.LOGIX.org.za | www.SADairyBulls.co.za | www.SABeefBulls.co.za

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From: Admin [mailto:dean@skyrooarabians.com]
Sent: 31 May 2023 10:49 AM
To: Philna Moelich <philna@studbook.co.za>
Subject: passport applications

Good morning Philna, I trust all is well.

Please find the below attached passport applications needing to be processed.



ARABIAN HORSE SOCIETY OF SA
ARABIERPERDGENOOTSAP VAN SA

01 Junie 2023

Paspoort Aansoek

Beste Philna,

Skyroo Arabians Centre, Stamboek Nr. 0697802ARH/ Genootskap Nr. SAC001 doen aansoek vir x8 arab paspoorte;

NR.	PERD NAAM	REKENAAR NR.
1	SAC VEGA	0013410469
2	SAC SECRET JEWEL	0013410436
3	SAC IBN-BARAJ	0013410451
4	AL AMANAH FATIMA	0013402565
5	SAC BARIKA	0013410444
6	SAC JASMINA	0013410428
7	SAC BABU	0013410394
8	SAC VALENTINA)	0013410410

Vriendelike groete

Sunel du Plessis
Sekretaresse
Arab Horse Society of SA

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Rees-Gibbs		
ID number	9302125070087		
Member number	0897802 AFH		
Address of owner	36 Beach Road, Brooklyn, Cape Town		
	Postal code	7405	
Telephone	084485317	E-mail	dean@stysaarabianj.com
Fax			

HORSE DETAILS

Name of horse	Prefix	SAC	Name	Vega
Registration Number of horse	3609a 13410469	BIRTH DATE	BREED	Arabian
RF ID Implant / Micro Chip Number	Yes / No		Type of implant	
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.



Signature

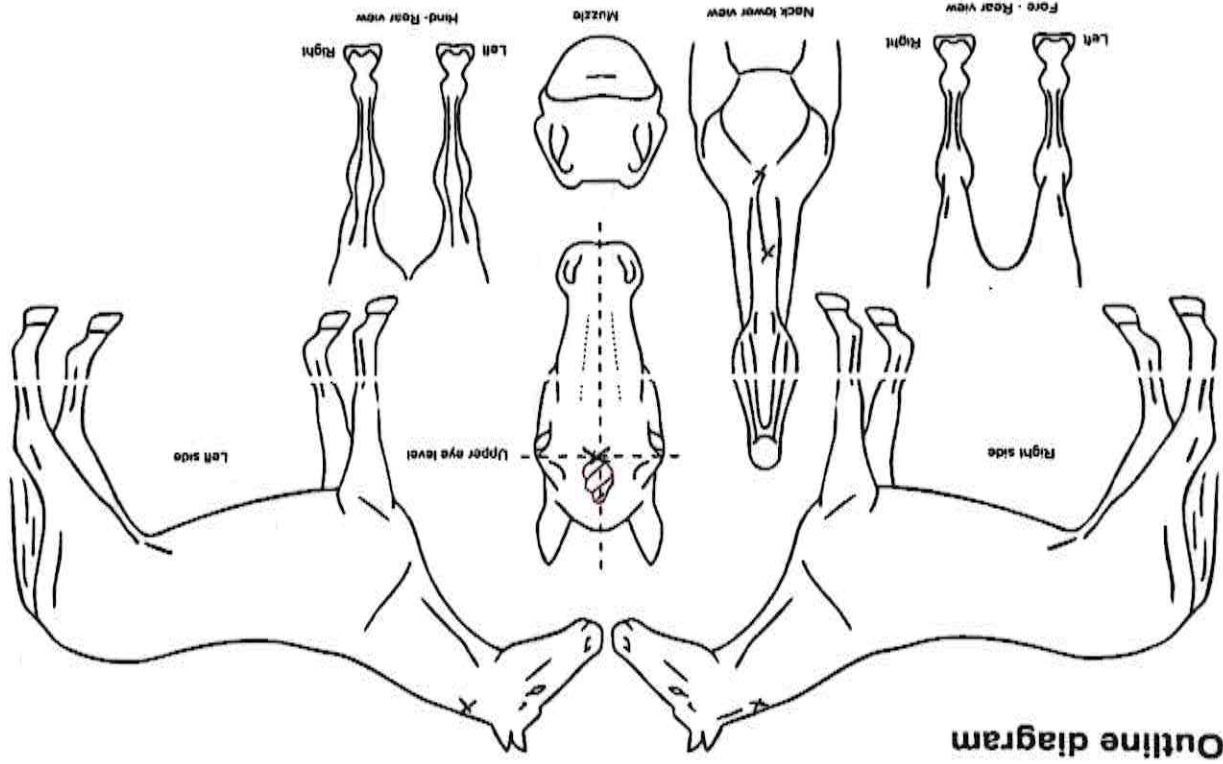
CORNERSTONE
VETERINARY SERVICES

DONALD MacRAE
D86/2514
023 626 1652

30/05/2023
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Female	Grey	17/01/2023	Benny AA	Skyra Venus SS	SAC Vega



Outline diagram

WRITTEN DESCRIPTION OF MARKINGS:
HEAD: Median white at upper eye level. Small dark with white border on white.

LEFT FORE	NIL Dark Hoof
RIGHT FORE	NIL Dark Hoof
LEFT HIND	NIL Dark Hoof
RIGHT HIND	NIL Dark Hoof

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

BODY / WHORLS	High clear white left neck
	High clear white right neck
	High clear white right neck
	Feather on foot
	White HD-ventral area with
	Darkened feet

CORNERSTONE
VETERINARY SERVICES
DONALD MACRAE
086/2514
023 626 1652

PRACTICE STAMP

DATE 30/05/2023

SIGNATURE OF VETERINARIAN

NAME OF VETERINARIAN

D.J.W. Macrae

MICROCHIP STICKER

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Pees - Gills		
ID number	9302125070087		
Member number	0697802 ACH		
Address of owner	34 Beach Road, Brooklyn, Cape Town		
	Postal code	7605	
Telephone	0844885317		
Fax	E-mail dean@skynardbous.com		

HORSE DETAILS

Name of horse	Prefix	SAC	Name	Secret Jewel
Registration Number of horse	34096 13410436	BIRTH DATE 19/01/2023	BREED	Arabic
RF ID Implant / Micro Chip Number	Yes / No	Type of implant		
If yes, please supply number of code				

SB9292

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN – (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature  Date 30/05/2023

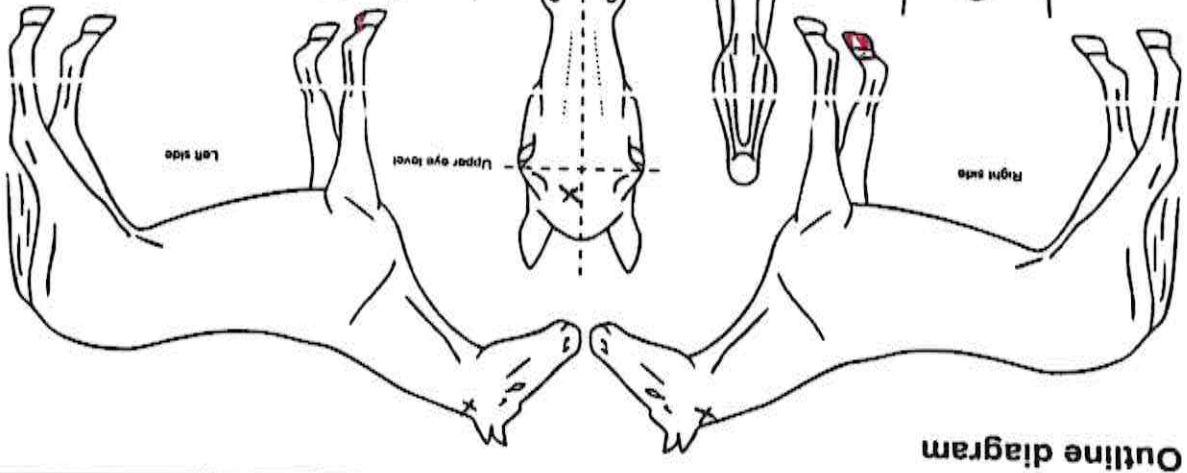


DONALD MacRAE
D86/2514

RETURN TO: PHILNA HARTZ REG H 652X: 051-4473964

SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	CLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Female	Grey	19/01/2023	ETS Amiri	ETS Secret Obsession	SAC Secret Jewel



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Little to left of hipline above eye level

LEFT FORE	COLUSET HORALY + BACK OF HEAD, BACK + HINDLE HOOF
RIGHT FORE	NIL - BACK HOOF
LEFT HIND	NIL BACK HOOF
RIGHT HIND	NIL BACK HOOF

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

BODY / WHORLS	ALL WHORLS LEFT + RIGHT
	MARK AT VENTRAL PART OF NECK
	MARK RIGHT HIND U/L/H THIGH

MICROCHIP STICKER

NAME OF VETERINARIAN: DR D. H. HARRIS

SIGNATURE OF VETERINARIAN: [Signature]

DATE: 30/05/2023

PRACTICE STAMP: CORNELL VETERINARY DONALD MACFARLANE 023 626 1802

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Rees-Gibbs		
ID number	930212870087		
Member number	0697802 ARH		
Address of owner	34 Beach Road, Bracklyn, Cape Town		
	Postal code	7405	
Telephone	E-mail	0844885317 dean@steynambons.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	SAC	Name	Ibn-Baraj
Registration Number of horse	34098 13410451	BIRTH DATE	01/12/2022	BREED
RF ID Implant / Micro Chip Number	Yes / No	Type of implant		Arabian
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
30/05/2020	Protege - Te E8222	D H. MacRAE
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN – (SIGNED AND STAMPED)

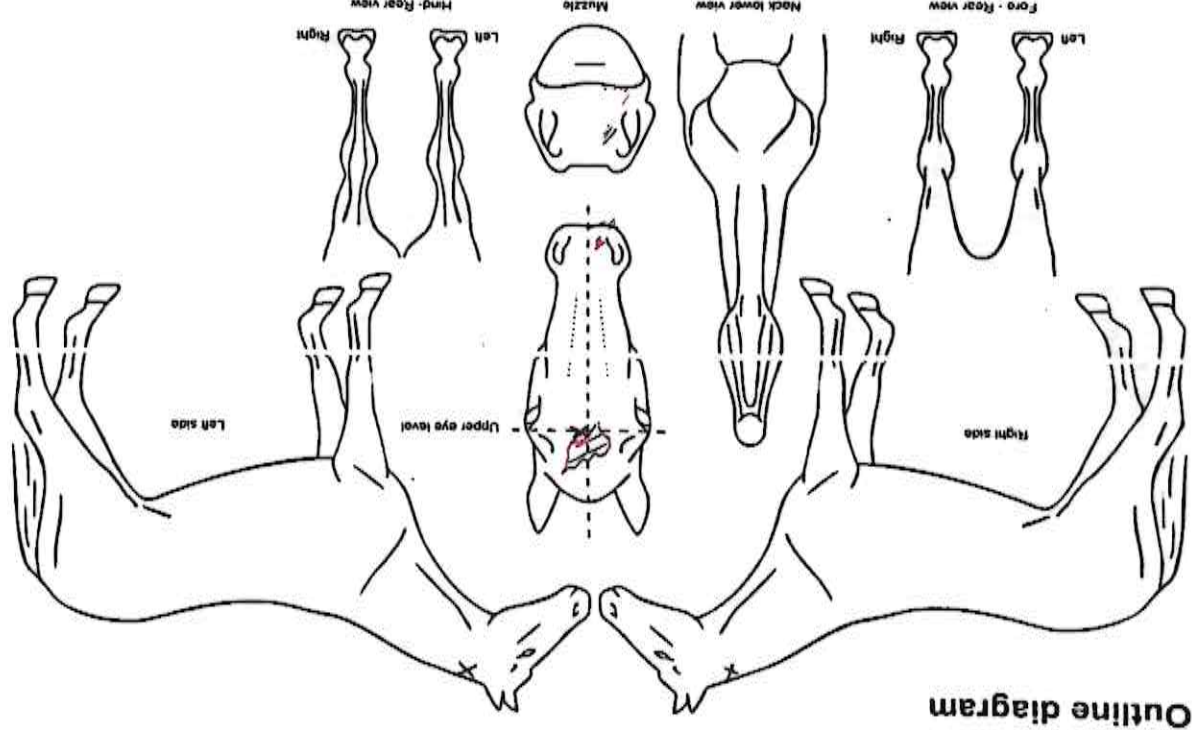
I confirm that this horse received the African Horse Sickness vaccinations on the date stated on this form.

Signature   **CORNERSTONE**
VETERINARY SERVICES
DONALD MacRAE
086/2514
023 626 1652

24/05/2023
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	Male	COLOUR	Bay	DATE OF BIRTH (DD/MM/YYYY)	01/11/2022	SIRE	Benny AA	DAM	Skyra leman	REGISTERD NAME	SAC Ith-Benny
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WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Arble to left of median in with eye level. Skeletal stn. Dark skin. Faint white hairs next to right nostril.

LEFT FORE	NIL. Black Hoof.
RIGHT FORE	NIL. Black Hoof.
LEFT HIND	NIL. Black Hoof.
RIGHT HIND	NIL. Black Hoof.

BODY / WHORLS	HIGH CHEST WHITE LEFT
	RIGHT SIDE

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

MICROCHIP STICKER

NAME OF VETERINARIAN: DR. J. H. MACNE

SIGNATURE OF VETERINARIAN: [Signature]

DATE: 30/05/2020

PRACTICE STAMP: CORNERSTONE VETERINARY SERVICES DONALD MARSH

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Rees-Gibbs		
ID number	9302125070087		
Member number	069 7802 AKH		
Address of owner	34 Beach Road, Brooklyn, Cape Town		
	Postal code	7401	
Telephone	E-mail	dean@skyrockets.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	Al Amandh	Name	Fatima
Registration Number of horse	34101 13402565	BIRTH DATE	30/01/2022	BREED
				Arabian
RF ID Implant / Micro Chip Number	Yes / No	YES	Type of implant	FIVE STAR ID
If yes, please supply number of code	 Expiry Date: 90013003036910			

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
30/05/2023	Protekt TC E 82262	J.H.D.H. MACRAE
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness Vaccine

CORNERSTONE
VETERINARY SERVICES

DONALD MACRAE

08612514

023 626 1652

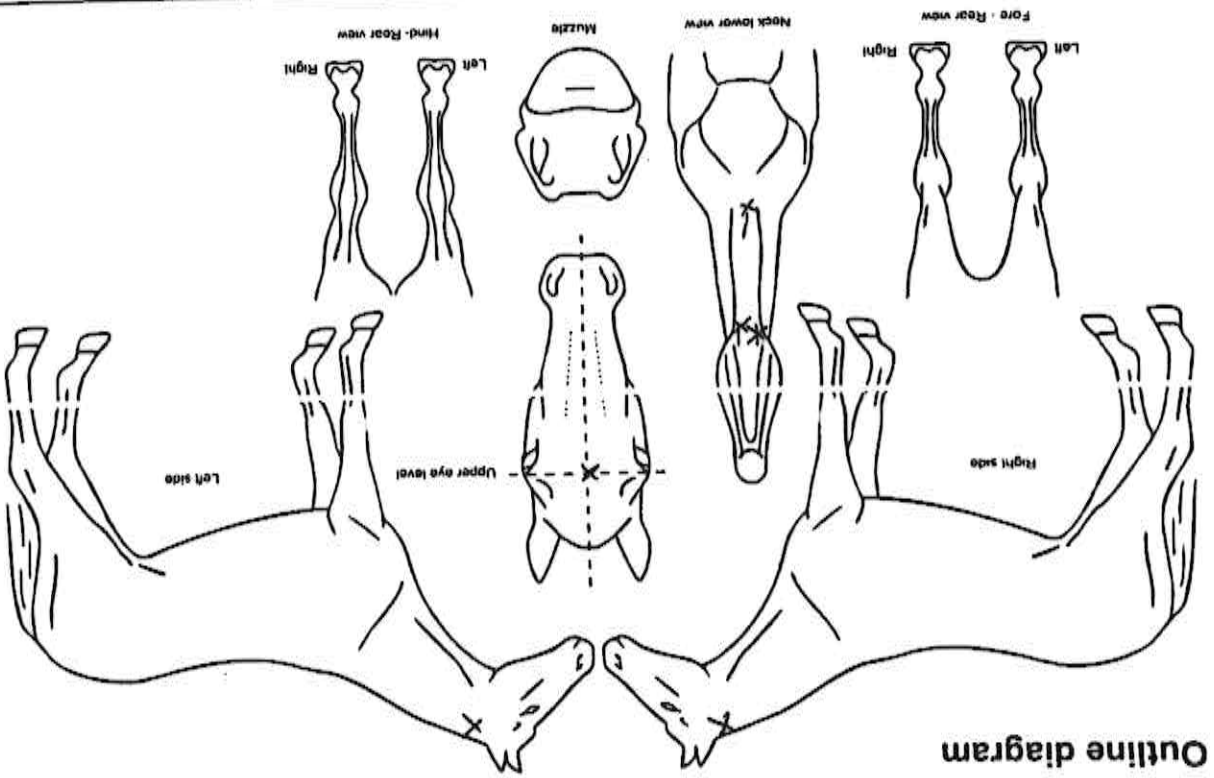
Signature

30/05/2023

Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	CLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Female	Grey	30/01/2022	Barpass al Zohair	Eks Saffiyah	Al Karamah Fatima



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: Mouth to Right of Muzzle as upper eye level.

LEFT FORE	NIL. Dark HOF.
RIGHT FORE	NIL. Dark HOF.
LEFT HIND	NIL. Dark HOF.
RIGHT HIND	NIL. Dark HOF.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

BODY / WHORLS	Full white left + right side
Double Muzzle mark and lower	Double Muzzle mark and lower
Feet (mark) and lower	Feet (mark) and lower
DE MARK	DE MARK

CORNERSTONE
VETERINARY SERVICES
DONALD MACRAE
086/2514
023 626 1052

PRACTICE STAMP

DATE 30/05/2023

SIGNATURE OF VETERINARIAN

NAME OF VETERINARIAN

DR J. H. MACRAE

MICROCHIP STICKER

2027-12-13

900113003036910

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Denn Rees-Gibbs		
ID number	9302125070057		
Member number	0697802 AEH		
Address of owner	34 Beach Road, Bracklyn, Cape Town		
	Postal code	7405	
Telephone	E-mail	dean@skyrambians.com	
Fax			

HORSE DETAILS

Name of horse	Prefix	SAC	Name	Barika
Registration Number of horse	34097 13410444	BIRTH DATE	30/09/2022	BREED
				Arabian
RF ID Implant / Micro Chip Number	Yes / No	Yes	Type of implant	Five Star ID
If yes, please supply number of code	 Expiry Date: 31.12.23 9801139030365904			

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
30/05/2023	ProtegFlu/E E82263	JAH MAJAE
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccinations on the date stated above.



DONALD MacRAE

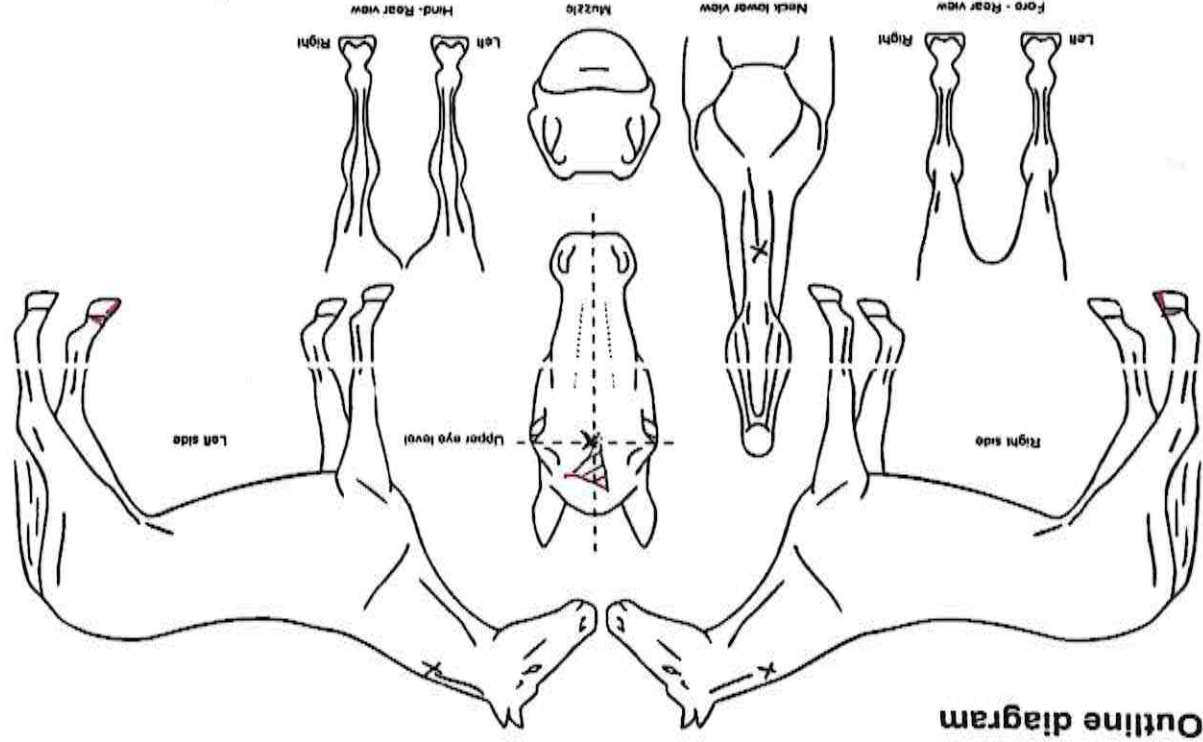
Practitioner No. 18672514

Signature

30/05/2023
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Female	Curey	30/09/2022	Randy A1	Ashley Cyber Angel	SAC Services



WRITTEN DESCRIPTION OF MARKINGS:
HEAD: MEDIAN WHISKER AT WHICH EYE LEVEL THICKENING OF SKIN.

LEFT FORE	NIL. BLACK MARK
RIGHT FORE	NIL. BLACK MARK
LEFT HIND	NIL. BLACK MARK
RIGHT HIND	COLLEST DORSAL. BLACK MARK WITH WHITE STRIPES DORSAL.

BODY / WHORLS	NIL. WITH DORSAL FEMORAL
	HIND-VENTRAL NECK
	MID-CLAVICULAR CLAVICULAR CLAVICULAR
	NECK WITH FEATHERING TO PAIR

CORNERSTONE VETERINARY SERVICES
DONALD MACRAE
D86/2514
023 626 1652

PRACTICE STAMP

DATE 30/05/2022

SIGNATURE OF VETERINARIAN

NAME OF VETERINARIAN: D. J. Macrae

MICROCHIP STICKER

2027-12-13
900113083036904

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Rees-Gibbs		
ID number	9302125070087		
Member number	0697802 ARH		
Address of owner	34 Beach Road, Brooklyn, Cape Town		
	Postal code	7405	
Telephone	0844885317		
Fax	E-mail dean@skytoarabians.com		

HORSE DETAILS

Name of horse	Prefix	SAC	Name	Jasmina
Registration Number of horse	34095 13410428	BIRTH DATE 22/08/2022	BREED	Arabic
RF ID Implant / Micro Chip Number	Yes / No Yes	Type of implant	Five Star ID	
If yes, please supply number of code				

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
30/05/2023	ProtqfluTe E 82262	DR D.H. MACRAE
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNATURE AND STAMPED)

I confirm that this horse received the African Horse Sickness Vaccine in accordance with the form.

DONALD MACRAE
VETERINARY SERVICES

086/2514
024 521 1852

Signature

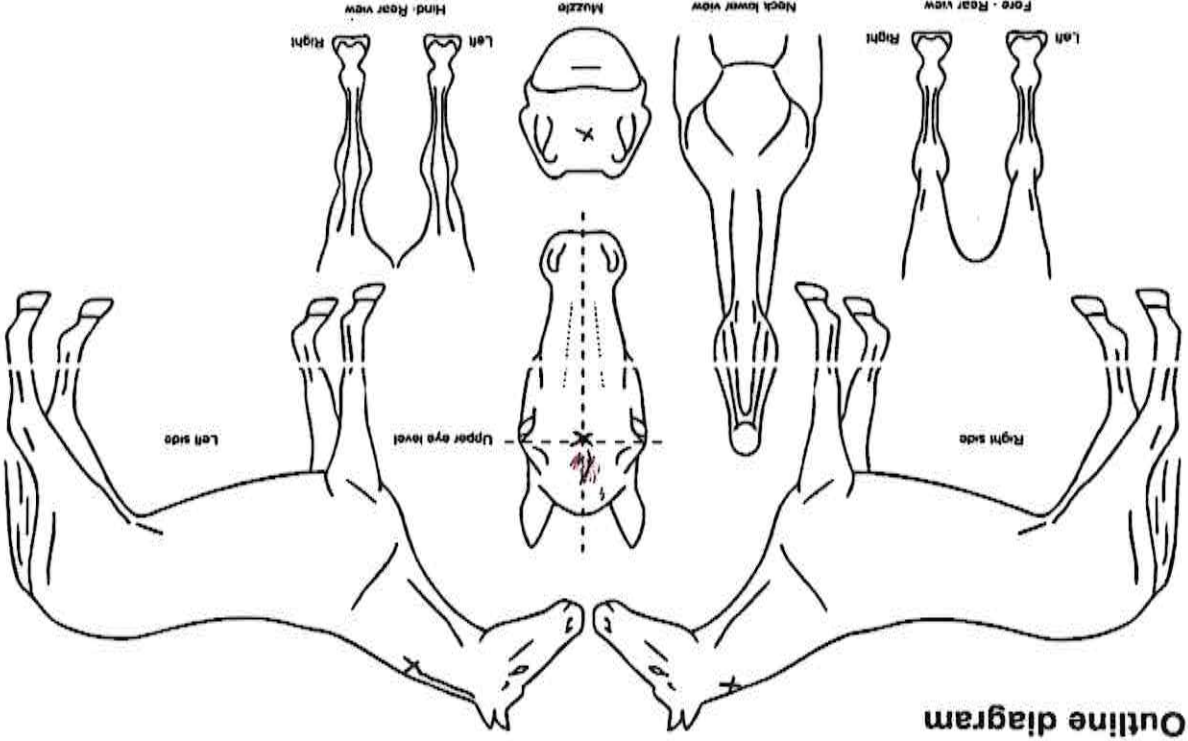
30/05/2023

Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964

SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Female	Bay	22/01/2022	Maheshwari Haver	Skyroo Lassara SS	SAC Jasinga



WRITTEN DESCRIPTION OF MARKINGS:
HEAD: Median white at upper eye level front of eye + running above white.

LEFT FORE	NIL black mark.
RIGHT FORE	NIL black mark.
LEFT HIND	NIL black mark.
RIGHT HIND	NIL black mark.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL

BODY / WHORLS
NIL black mark.
FEATHERING 20 lbs
Wet skin mark from skin

CORNERSTONE
VETERINARY SERVICES
DONALD MACRAE
086/2514
023 626 1652

PRACTICE STAMP

DATE 30/05/2023

SIGNATURE OF VETERINARIAN

NAME OF VETERINARIAN J.A.D. MACRAE

MICROCHIP STICKER

2027.12.13
900113003036901

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Rees-Gibbs		
ID number	9302125070087		
Member number	0697802 ARH		
Address of owner	34 Beach Road, Brooklyn, Cape Town		
	Postal code	7405	
Telephone	0844885317		
Fax	E-mail	dean@skyarabians.com	

HORSE DETAILS

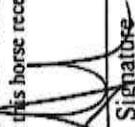
Name of horse	Prefix	SAC	Name	Babu
Registration Number of horse	34093 13410394	BIRTH DATE	24/09/2022	BREED
				Arabian
RF ID Implant / Micro Chip Number	Yes / No	YED	Type of implant	5-JIAK ID
If yes, please supply number of code	2321-12-13 980113883836908			

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
30/05/2020	Pistegate E 82262	Dr D.H. Macrae
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

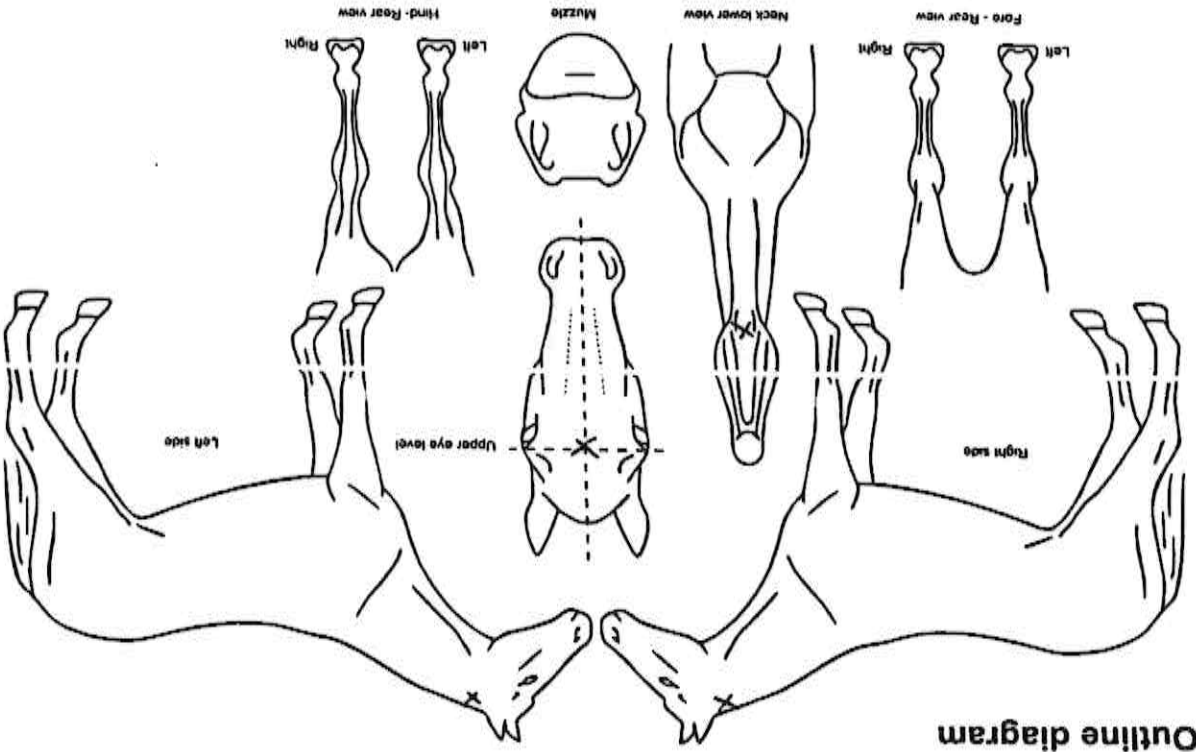
I confirm that this horse received the African Horse Sickness vaccine on 30/05/2020


 Signature
 
 DONALD MACRAE
 VETERINARY SERVICES
 0800/2514
 Practice 022 626 1652

30/05/2020
 Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
 SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERED NAME
Male	Cray	24/09/2022	Bergass al Zedour	Abdour Jeddak Bay	SAC Baha



WRITTEN DESCRIPTION OF MARKINGS:
HEAD: Medium work at with eye level.

LEFT FORE	NIL. Black hair.
RIGHT FORE	NIL. Black hair.
LEFT HIND	NIL. Black hair.
RIGHT HIND	NIL. Black hair.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS)

NIL.

MICROCHIP STICKER

Expiry Date 2027-12-13
988113883036988

NAME OF VETERINARIAN
DR D. H. MacInte

SIGNATURE OF VETERINARIAN

DATE 30/05/2023

PRACTICE STAMP
CORNERSTONE
VETERINARY SERVICES
DONALD MACRAE
086/2514
023 626 1652

BODY / WHORLS
HIGH CLASP WHORLS LEFT + RIGHT
Black
THICK LINES + WHORLS

APPLICATION FOR HORSE PASSPORT Registered Horse & Non Registered Horse

OWNER'S DETAILS

Name of owner	Dean Rees-Gibbs		
ID number	9302125070087		
Member number	0697802 ARH		
Address of owner	34 Beach Road, Brooklyn, Cape Town		
	Postal code	7405	
Telephone	0844855317	E-mail	dean@skyrockets.com
Fax			

HORSE DETAILS

Name of horse	Prefix	SAC	Name	Valentina
Registration Number of horse	34094 13410410	BIRTH DATE	12/08/2022	BREED
RF ID Implant / Micro Chip Number	Yes / No	YES	Type of implant	5 DIAK ID
If yes, please supply number of code	Expiry Date 2027-12-13  980113883835983			

VACCINATION DETAILS

Date of two most recent Equine Influenza Vaccinations	Name & Batch No. of Vaccine	Name of person who administered Influenza Vaccine
30/05/2023	Priety Flute E 82262	Dr D.H. MacRae
Date of two most recent African Horse Sickness Vaccinations	Name & Batch No. Of Vaccine	Name of person who administered African Horse Sickness Vaccine

CERTIFIED BY VETERINARIAN - (SIGNED AND STAMPED)

I confirm that this horse received the African Horse Sickness vaccine

CORNERSTONE
VETERINARY SERVICES

DONALD MacRAE

D8612514

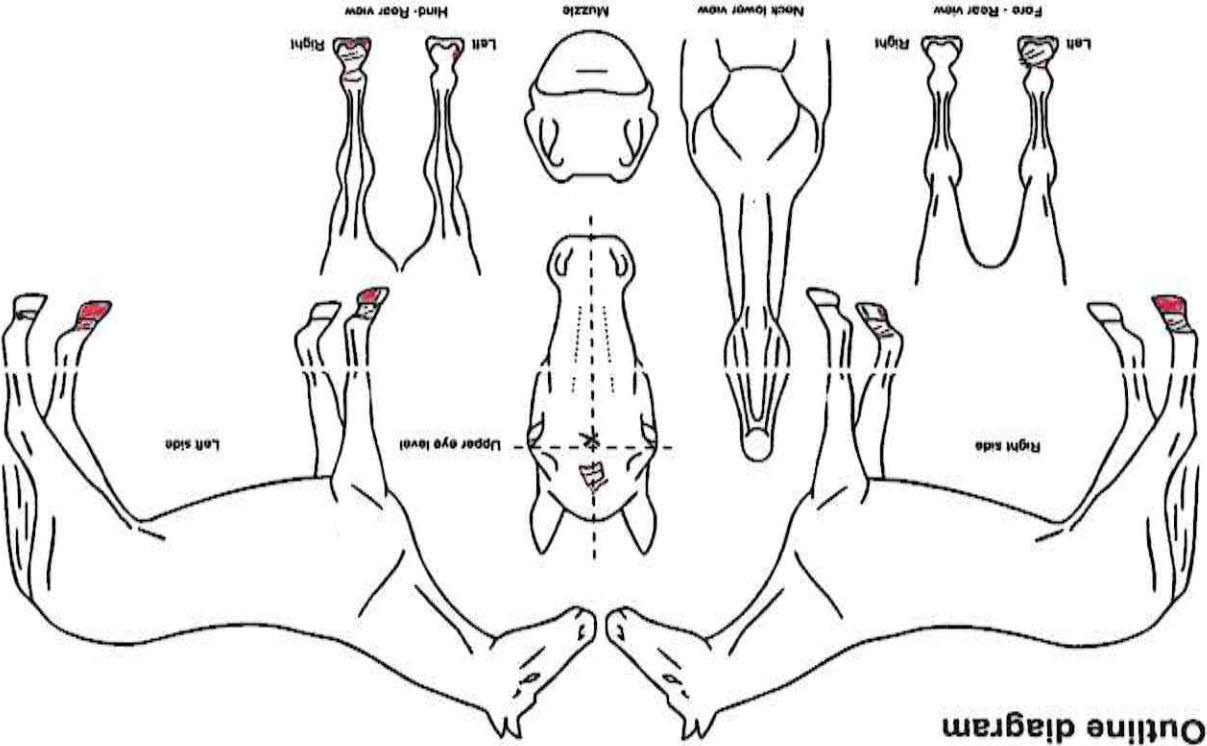
Practice 023 626 1652

Signature

30/05/2023
Date

RETURN TO: PHILNA HATTINGH FAX: 051-4473964
SA STUD BOOK ASSOCIATION, P.O. BOX 270, BLOEMFONTEIN, 9300

SEX	COLOUR	DATE OF BIRTH (DD/MM/YYYY)	SIRE	DAM	REGISTERD NAME
Female	Bay	19/05/2022	Malbrook al Hameyer	Johnhennar Verona Bay	SAC Valentin



WRITTEN DESCRIPTION OF MARKINGS:

HEAD: MEDIAN WHISK AT UPPER EYE LEVEL. SMALL ALLEGICAL STAIN ABOVE LUNULE.

LEFT FORE	$\frac{1}{2}$ PROTEIN. BLACK + WHITE OXID HALL ELKINE UNELM.
RIGHT FORE	NIL. BLACK HALL.
LEFT HIND	CORNET UNELM + ELKINE. BLACK HALL.
RIGHT HIND	$\frac{1}{2}$ PROTEIN. WHITE HALL.

ACQUIRED (BRAND/FREEZE MARKS OR PERMANENT SCARS) NIL.

BODY / WHORLS	NIL

MICROCHIP STICKER

Expiry Date 2027-12-13
90011300303036903

NAME OF VETERINARIAN
DR H. MACK

SIGNATURE OF VETERINARIAN
[Signature]

DATE 30/05/2022

PRACTICE STAMP
CORNERSTONE
VETERINARY SERVICES
DONALD MACRAE
086/2514
023 626 1652