



**REGISTRATION/LICENSING PART 1 COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY, NATIONAL OR PROVINCIAL GOVERNMENT**

**1. GENERAL INFORMATION**

Mark the applicable option(s) with an X and/or complete details where applicable/available.

Indicate the nature of this application:  New registration  Minor change  
 Formal amendment  
 Registration Number:

**2. PARTICULARS OF THE APPLICANT**

Application for:  Company, business, partnership or community (complete part 3.5,6,7 and 8)  
 National or provincial government (complete part 4,5,6,7 and 8 excl. 8.1.2)

**3. PARTICULARS OF THE COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY**

3.1 Name of company, business, partnership or community:

Eskon Holdings SOC Limited

3.2 Trading name if different from name of company, business, partnership or community:

N/A

3.3 Type of enterprise:

(Mark one block with an X)

<input type="checkbox"/> 06 Public Company (Ltd)	<input type="checkbox"/> 07 Private Company (Pty) Ltd
<input type="checkbox"/> 08 Article 21 (Association Inc. under Article 21 of the Company Act No. 61 of 1973)	<input type="checkbox"/> 09 Limited By Guarantee
<input type="checkbox"/> 10 External Company	<input type="checkbox"/> 11 External Company under article 21 of the Company Act No. 61 of 1973
<input type="checkbox"/> 20 Transvaal Ordinance	<input type="checkbox"/> 21 Incorporated (Inc)
<input type="checkbox"/> 22 Unlimited	<input type="checkbox"/> 23 Close Corporation (CC)
<input checked="" type="checkbox"/> Parastatal	<input type="checkbox"/> Trust

Other (i.e. non-CIPRO Company types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust and Parastatal]

3.4 Business enterprise registration number:

3.5 Date established: (ccy/mm/dd)

3.6 Country where established:

3.7 VAT registration number:

4. PARTICULARS OF NATIONAL OR PROVINCIAL GOVERNMENT

- 4.1 National Department: \_\_\_\_\_
- 4.2 a) Provincial Department: \_\_\_\_\_
- b) Province: \_\_\_\_\_

5. APPLICANT CONTACT DETAILS

- 5.1 Postal Address: \_\_\_\_\_  
PO Box 1091  
Johannesburg  
\_\_\_\_\_  
Postal Code 2000

5.2 Street Address (only if different from postal address):

Mega Watt Park  
Sandton.  
Johannesburg \_\_\_\_\_ Postal Code \_\_\_\_\_

5.3 Contact telephone number during office hours

Area/cell code [ ][ ][ ][ ] 0111 Number 800 3778 Ext [ ][ ][ ]  
Alternative contact number  
Area/cell code [ ][ ][ ][ ] 082 Number 466 6022 Ext [ ][ ][ ]

5.4 E-mail MogoKoA@eskom.co.za

6. CONTACT PERSON DETAILS

- 6.1 Title Mr \_\_\_\_\_
- 6.2 Name Archibald \_\_\_\_\_
- 6.3 Surname MogoKongene \_\_\_\_\_
- 6.4 Telephone \_\_\_\_\_  
Area/cell code [ ][ ][ ][ ] 0111 Number 800 3778 Ext [ ][ ][ ]
- 6.5 Cell Phone Number \_\_\_\_\_  
Area/cell code [ ][ ][ ][ ] 082 Number 466 6022
- 6.6 Fax \_\_\_\_\_  
Area/cell code [ ][ ][ ][ ] 086 Number 602 9207 Ext [ ][ ][ ]
- 6.7 E-mail MogoKoA@eskom.co.za \_\_\_\_\_
- 6.8 Preferred Form Of Communication \_\_\_\_\_

**Declaration by applicant (or person who was granted power of attorney by the applicant)**

Surname of delegated person:

M O G O K O N Y A N E

Title:

M R

Initials:

A

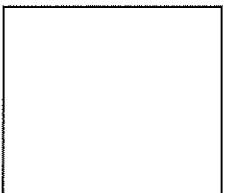
ID Number:

7 0 1 1 0 4 5 0 8 2 0 3 8

Passport Number:  
(if not a holder of South African ID)

Expiry Date (copy/m/mdd):

Delete the words that are not applicable (use Motalele Anah Motalele (FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.




Thumb print

Signature Motalele Anah Motalele  
Designation of signatory Fishing Programme Manager

Contact number during office hours 011 8004057 / 022 324 5710  
Date (copy/m/mdd) 2016/10/13

**It is a criminal offence to provide information that is false or misleading.**

Group Financial Services Manager  
Accounts Payable  
Business Area Staff

Date: OCTOBER  
06 January 2016 

Enquiries: L.A. Mogokonyane  
Tel +27 011 800 3778

**TEMPORARY/ACTING APPOINTMENT FOR MORE THAN 3 DAYS  
(WHILE I AM ACTING IN ANOTHER POSITION IN EKOM REAL ESTATE)**

I, Letsholathebe Archibold Mogokonyane in my capacity as Programme Manager and in accordance with Eskom's Delegation of Authority Framework, hereby appoint Annah Motlale, Senior Environmental Advisor to act in my stead and to exercise all the powers and duties delegated to Programme Manager in Eskom Real Estate.

The appointment is effective from 10/10/2016 up to and including 31/03/2017 and may be amended or revoked at any time.

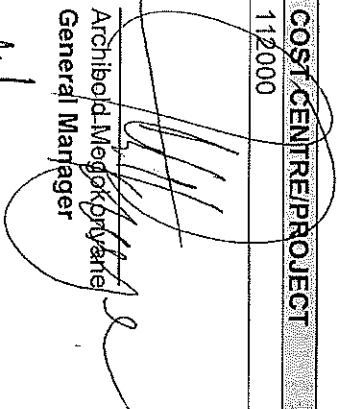
In the conduct of all your duties as an Eskom employee, you are required to act in good faith and for a proper purpose, in the best interests of Eskom, and with the exercise of the necessary care, skill, and diligence.

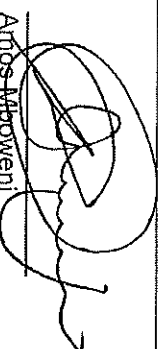
This appointment shall be exercised subject to the following conditions and limitations:

- Lawfully;
- within the scope, powers and authorities delegated to Programme Manager;
- subject to and in compliance with any limitations, conditions, policies and/or directives that may be developed and implemented by the Board, or by Exco at the behest of the Board;
- In accordance with the provisions of the Public Finance Management Act No 1 of 1999, as amended.

The temporary appointment will be that of a General Manager on the following cost centre(s):

COST CENTRE/PROJECT	COST CENTRE NAME
112000	ERE

  
Archibold-Mogokonyane  
General Manager

  
Amos Mboweni  
Senior Manager: Land Development and  
management

  
Annah Motlale  
Senior Advisor: Environmental

**NOTICE OF PERSONAL PARTICULARS**

1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

**NOTICE OF CHANGE OF ADDRESS**

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in particular of your present address e.g. name of street and/or street number etc.
2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

1

**I.D. No. 780626 0493 088**



S.A.CITIZEN

SURNAME

**MOTALANE**



FORENAMES

**MAKETELE ANNAH**

COUNTRY OF BIRTH

**SOUTH AFRICA**



DATE OF BIRTH

**1978-06-26**

DATE ISSUED

**2011-10-27**



ISSUED BY AUTHORITY OF  
THE DIRECTOR-GENERAL  
HOME AFFAIRS

**7. LIST OF PART 2 DOCUMENTS (WATER USE RELATED FORMS)**

Mark with an X which of the following documents have been submitted with this application

- DW760 NWA-Section 21(a)       DW768 NWA-Section 21(i)
- DW761 NWA-Section 21(b)       DW780 NWA-Section 21(h)
- DW762 NWA-Section 21(b)       DW805 NWA-Section 21(j)
- DW763 NWA-Section 21(c)       DW806 NWA-Section 21(k)
- DW764 NWA-Section 21(d)       DW901 Property or properties where water use occurs
- DW765 NWA-Section 21(e)       DW902 Details of property owner
- DW766 NWA-Section 21(f)       DW903 Actual/Monitored waste discharge details NWA-Section 21(fh)
- DW767 NWA-Section 21(g)       DW904 Actual/Monitored waste discharge details NWA-Section 21(eg)

**8. THIS SECTION IS RESERVED FOR OFFICE USE ONLY**

**8.1 Billing information**

8.1.1   WMA for billing\*

\* Water Management Area Codes

- |                          |                    |                       |                     |                   |
|--------------------------|--------------------|-----------------------|---------------------|-------------------|
| 01 Limpopo               | 05 Inkomati        | 09 Middle Vaal        | 13 Upper Orange     | 17 Ollifants/Doom |
| 02 Luvuvhu/Letaba        | 06 Usutu-Mhlathuze | 10 Lower Vaal         | 14 Lower Orange     | 18 Breede         |
| 03 Crocodile (W), Matico | 07 Thukela         | 11 Mvoti-Urinzinkulu  | 15 Fish-Tsitsikamma | 19 Berg           |
| 04 Ollifants             | 08 Upper Vaal      | 12 Mzimvubu-Kesikamma | 16 Gouritz          |                   |

- 8.2 **Mark with an X which of the following documents have been submitted with this application**
- Certified copy of South African identity document
  - Certified copy of passport

