

Alle Korrespondensie moet gerig word aan DIE MUNISIPALE BESTUURDER All Correspondence to be addressed to THE MUNICIPAL MANAGER



Closing date: 04 September 2018 @ 12:00

MKHO09/2018/19

Certificate of receipt

NO	COMPANY NAME	AMOUNT
1	EHS HEALTHCARE/ CAREWAYS WELLNESS (PTY) LTD	R -00
2	MKHONDO ALATHIA REHABILITATION CENTRE	R 4 500.00

RESPONSIBLE OFFICIALS:

ROSE MATHEBULA
NAME & SURNAME
DATE

PHILIE NCUBE 04/09/2018
NAME & SURNAME DATE

ZANDILE KHUMALO

NAME & SURNAME

DATE