

POST TO: VOTERS' ROLL OFFICE
P O BOX

OR
DELIVER TO: VOTERS' ROLL OFFICE/S

CLAIM TO ENROL AS A VOTER

(THIS INFORMATION IS SOLELY REQUIRED FOR REGISTRATION AS A VOTER)

IDENTITY NUMBER

7 0 0 7 0 3 0 1 0 6 0 8 1

SURNAME

Z O N D I

FIRST NAMES

D U D U Z I L E
E L I Z A B E T H

ADDRESS: (MEANS THE ADDRESS OF THE PLACE WHERE YOU LIVE OR FOR WHICH YOU PAY WATER, ELECTRICITY, ETC.)

BLK NO AND NAME
(IF APPLICABLE)

STREET NO AND NAME

3 4 T A M B O A V E

SUBURB/ZONE

Z O N E I O M O F O L O

CITY/TOWN

J O H A N N E S B U R G

POSTAL CODE

2 3 4 4

P O BOX (IF APPLICABLE)

SUBURB/TOWN

POSTAL CODE

TELEPHONE NO (HOME)

8 8 7 6 5 4 1

(IF ANY)

(WORK)

BASIS OF CLAIM: (PLEASE MARK APPLICABLE BLOCK WITH 'X')

I LIVE AT THIS ADDRESS ☒

I DO NOT LIVE AT THIS ADDRESS, BUT PAY WATER, ELECTRICITY, ETC ☐

I AM 18 YEARS OR OLDER
I HEREBY CLAIM TO BE REGISTERED AS A VOTER.

YES ☒ NO ☐

T. Zandi
SIGNATURE

27/02/1995
DATE

IF YOU NEED HELP VISIT YOUR NEAREST VOTERS' ROLL OFFICE