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DIRECTORATE: **OFFICE OF THE SPEAKER**

Date: .../...../2022

CONFIRMATION OF RESIDENCE

This is to certify that: _____

Identity number: _____ is residing at: _____

_____ in ward number: _____ of the

JB Marks Local Municipality.

This confirmation is valid for three months from the date of release and shall be renewed at the lapse of ninety (90) days including weekends.

Kind Regards

Applicant

Ward councillor

Municipal Stamp