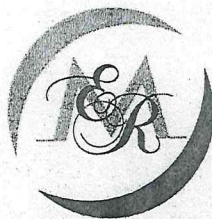


MER Building, First Avenue  
Private Bag X 9908,  
White River, 1240  
Mpumalanga Province,  
South Africa



MPUMALANGA  
ECONOMIC REGULATOR

Tel: +27 (0)13 750 8000  
licensing@mer.org.za  
http://www.mer.org.za

APPOINTMENT OF A LICENCED LIQUOR BUSINESS MANAGER  
IN TERMS OF SECTION 45 OF THE MPUMALANGA LIQUOR LICENCING ACT, 2006

DETAILS OF THE LICENCE HOLDER

1	Name of the Licence Holder	JACOBUS GERT CORNELIUS EHLERS
2	Licence Number	9-2-1-06950
3	Telephone / Mobile Number	013 244 1829 / 076 220 3689
4	E-Mail Address	freedom@licentia.co.za

DECLARATION BY THE APPOINTED MANAGER

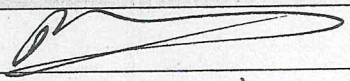
5	Full Names	Sphine Sukazi
6	ID Number (attach a copy)	770815 0246 081.
7	Are you an unrehabilitated insolvent? (Yes/No)	NO
8	Are you the subject of a court order declaring you a person of unsound mind/ mentally disordered/ mentally defective? (Yes/No)	NO
9	Have you been convicted of contravening the Mpumalanga Liquor Licensing Act, 2006 for the past three years? (Yes/No)	NO
10	Have you been convicted of an offence the elements of which are inconsistent with the object of the Mpumalanga Liquor Licensing Act, 2006 for the past three years? (Yes/No)	NO
11	Kindly provide details if the response to any of questions 7, 8, 9 or 10 was "Yes".	
12	Signature	M. S. Sukazi
13	Date	03 November 2022



APPOINTMENT OF A LICENCED LIQUOR BUSINESS MANAGER  
IN TERMS OF SECTION 45 OF THE MPUMALANGA LIQUOR LICENCING ACT, 2006

Page 2 of 2

## DECLARATION BY THE PERSON APPOINTING THE MANAGER

14	Is this a compulsory appointment of a Manager by a juristic person? (Yes/No)	NO
15	Is this a voluntary appointment of a Manager by a sole proprietor? (Yes/No)	YES
16	Does this appointment replace a previous Manager? (Yes/No) (If Yes, provide the name or reference number of the previous Manager).	NO
17	Name of the person appointing the Manager (if not the Licence Holder).	N/A
18	Do you have the authority to appoint Managers and terminate services of Managers on behalf of the Licence Holder? (Yes/No)	YES
19	Proof of Payment of Prescribed Fee (attach copy)	Not Applicable
20	Signature	
21	Date	03 November 2020

--- end ---





REPUBLIC OF SOUTH AFRICA  
NATIONAL IDENTITY CARD

Surname

**SUKAZI**

Names

**MARIA SIPHIWE**

Sex

**F**

Nationality

**RSA**

Identity Number

**7708150246081**

Date of Birth

**15 AUG 1977**

Country of Birth

**RSA**

Status

**CITIZEN**



Signature

**M. S. Sukazi**



**SA POST OFFICE**

**BRANCH MANAGER**

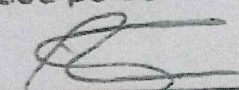
**29-04-2020**

**PIET RETIEF 2330**



**SA POST OFFICE**

It is hereby certified that this is a true copy of the original document and that there is no indication that alterations has been made thereto by an unauthorised person.

Signature: 

Date/Datum

**29/04/2020**