



DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NCLIS/2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 8h00

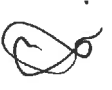
Name & Surname	Race	Disability		Email address	Signature
Designation		Yes: Type of disability	No		
Khutjo Mako	African			office@ntg.solutions.co.za	
Office admin					
Department / Unit / Company	Gender	Age		Cell number	
NTG solutions					
Land line	M	18-35	36-59	+60	067 230 6200

Name and Surname	Race	Disability Yes/No		Email address	Signature
Designation		Yes: Type of disability	No		
SHARO LEANETT	African		✓	leanett@acutefinnoventures.co.za	
Town Planner -					
Acute Innovation	Gender	Age		Cell number	
OIS 291 2800	M	18-35	36-59	+60	071 1997136

Name and Surname	Race	Disability Yes/No		Email address	Signature
Designation		Yes: Type of disability	No		
Tumelo Hamest	African		✓	hamest@acutefinnoventures.co.za	
Town Planner -					
Guiford and Sons Holdings	Gender	Age		Cell number	
	M	18-35	36-59	+60	071 1997134

Name and Surname	LUNGILE. KUMALO	Race	Disability Yes/No		Email address		Signature
Designation		A	Yes: Type of disability	No	tender@show-con.com		
Department / Unit / Company	KAZIMA ENGINEERING (PTY) LTD	Gender	Age		Cell number		
Land line		M	18-35	36-59	079 5353 899		

Name and Surname	Len Fourie	Race	Disability Yes/No		Email address		Signature
Designation	Town Planner	White	Yes: Type of disability	No	macroplan@mweb.co.za		
Department / Unit / Company	Macroplan	Gender	Age		Cell number		
Land line	054 332 3642	M	18-35	36-59	082 821 1025		

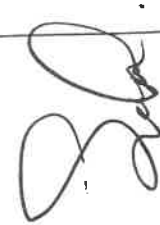
Name and Surname	BERNARD LETSWELE	Race	Disability Yes/No		Email address		Signature
Designation	TOWN PLANNER	A	Yes: Type of disability	No			
Department / Unit / Company	URBAN REGENESIS	Gender	Age		Cell number		
Land line	061 472 9760	M	18-35	36-59	061 472 9760		

Name and Surname	Refilwe Khabe	Race	Disability Yes/No		Email address		Signature
Designation	Town Planner	B	Yes: Type of disability	No	refilwe@destudio.co.za		
Department / Unit / Company	DeJong Design Studio (Destudio)	Gender	Age		Cell number		
Land line	051 436 0130	F	18-35	36-59	066 248 0544		

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature	
Swaibechmann	C		No	Junaid@roadlab.co.za		
Designation						
Department / Unit / Company	Gender	Age		Cell number		
Land line	M	18-35	36-59 X	082 390 5421		

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature	
Ms Phumula Mokoena	B		No	info@wtpconsulting		
Designation				Cell number		
Department / Unit / Company	Gender	Age				
Land line	F	18-35	36-59	683 479 5134		

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature	
Theresa Mokoena	B		No	Theresa@great-growth.co.za		
Designation				Cell number		
Department / Unit / Company	Gender	Age				
Land line	F	18-35	36-59	076 708 9098		

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature	
Sepapi Turno	A/B		No	Turno@airborneplanners.co.za		
Designation				Cell number		
Department / Unit / Company	Gender	Age				
Land line	M	18-35	36-59	067 006 4215		



DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC115/2022
 VENUE: Boardroom
 DATE: 14 Feb 2022
 TIME: 8h00

Name & Surname	Race	Disability		Email address	Signature
Designation		Yes: Type of disability	No		
Marshall Tiger Technologist	C		X	Marshall.Tiger@bigengroup.com	
Department / Unit / Company	Gender	Age		Cell number	
Bigen Africa Services	M	18-35	36-59	+60	
053 831 2935				0716160010	

Name and Surname	Race	Disability Yes/No		Email address	Signature
Designation		Yes: Type of disability	No		
Gabriel Phasha Planner	B		X	Gabriel@uAffrika.co.za	
Department / Unit / Company	Gender	Age		Cell number	
uAffrika Projects	M	18-35	36-59	+60	
				061 426 7995	

Name and Surname	Race	Disability Yes/No		Email address	Signature
Designation		Yes: Type of disability	No		
Morris Mbandu Town Planner	African			Info@Kheondafrika.co.za	
Department / Unit / Company	Gender	Age		Cell number	
KHANO Afrika Pty-Ltd		18-35	36-59	+60	
				076 985-7671	

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
Karek Unagie	A	Yes: ☒	No: ☐	KVSA910@npp.gov.za	
Designation	Gender	Age		Cell number	
SCM					
Department / Unit / Company					
COGHTT4					
Land line					
9723		18-35	36-59	+60	

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
Bade Rapelane	A	Yes: ☐	No: ☒	Wengwe.Okegodira@gmail.com	
Designation	Gender	Age		Cell number	
Contract					
Department / Unit / Company					
Okegodira General					
Land line		18-35	36-59	+60	
058150 008					
				0792660129	

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
Venus Balaji	A	Yes: ☐	No: ☒	belavive@akamai	
Designation	Gender	Age		Cell number	
Akameini Development Planner					
Planner					
Department / Unit / Company					
Land line		18-35	36-59	+60	
0812169732					
				0812169732	

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
Monwesi Bungeu	A	Yes: ☐	No: ☒	Wbungu@npp.gov.za	
Designation	Gender	Age		Cell number	
SCM					
Department / Unit / Company					
COGH57A					
Land line		18-35	36-59	+60	
053-830 9548					
				0720517815	

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
<i>K. L. Lave</i>	<i>A</i>		No	<i>Kgwelelelawu@ngati.co.za</i>	<i>[Signature]</i>
Designation	Gender	Age		Cell number	
<i>Manager</i>	<i>M</i>	<i>18-35</i>	<i>36-59</i>	<i>0784185319</i>	
Department / Unit / Company					
<i>COGIT A</i>					
Landline					
<i>9412</i>					

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
<i>Fumani Mathebula</i>	<i>Black</i>		No	<i>info@ngati.co.za</i>	<i>[Signature]</i>
Designation	Gender	Age		Cell number	
<i>Contractor</i>	<i>M</i>	<i>18-35</i>	<i>36-59</i>	<i>0725732390</i>	
Department / Unit / Company					
<i>Ngoti Development</i>					
Landline					

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
<i>Mpho Mafindili</i>	<i>A</i>		No	<i>MMafindili@ngati.co.za</i>	<i>[Signature]</i>
Designation	Gender	Age		Cell number	
<i>COGIT A CTP</i>	<i>M</i>	<i>18-35</i>	<i>36-59</i>	<i>0799467651</i>	
Department / Unit / Company					
<i>053 830 9515</i>					
Landline					

Name and Surname	Race	Disability Yes/No Yes: Type of disability		Email address	Signature
<i>MARCO NELUMAMONDO</i>	<i>A</i>		No	<i>marcosn@ngati.co.za</i>	<i>[Signature]</i>
Designation	Gender	Age		Cell number	
<i>COGIT T.I.P</i>	<i>M</i>	<i>18-35</i>	<i>36-59</i>	<i>0727604893</i>	
Department / Unit / Company					
<i>Muniam Sett</i>					
Landline					
<i>053 830 9515</i>					



DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC15/2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 8h00

Name & Surname	Race	Disability		Email address	Signature
Designation		Yes: Type of disability	No		
Department / Unit / Company	Gender	Age		Cell number	
Land line		18-35	+60		
MR MABAUANE	B			mabalan@bhuyani.co.za	
Representor					
BHUYANI-MABAUANE TRAD					
072 480 6825	M	36-59		072 480 6825	

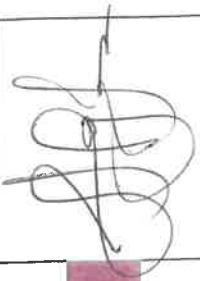
Name and Surname	Race	Disability		Email address	Signature
Designation		Yes: Type of disability	No		
Department / Unit / Company	Gender	Age		Cell number	
Land line		18-35	+60		
Hector Maruping	AFRICAN		X	HECTORMARUPING16@GMAIL.COM	
DIRECTOR					
BONISO TSELA					
072 785 9714	MACE	36-59	X	072 785 9714	

Name and Surname	Race	Disability		Email address	Signature
Designation		Yes: Type of disability	No		
Department / Unit / Company	Gender	Age		Cell number	
Land line		18-35	+60		
Kool Raubenheimer	W		X	kool@maxim.co.za	
C.F.O					
Maxim Planning Solutions (Pty) Ltd					
018 468 6366	M	36-59		083 263 4660	

Name and Surname	SAMUEL CHAUKE		Race	AFRICAN		Disability Yes/No Yes: Type of disability		No		Email address	Signature
Designation	DIRECTOR		Gender	MALE		Age		✓		INFO@NKANIVO.CO.ZA	
Department / Unit / Company	NKANIVO DEVELOPMENT CONSULTANTS								Cell number		
Land line	012 507 7445				18-35		36-59		+60 083 277 7347		

Name and Surname	Thabo Mola		Race	Black		Disability Yes/No Yes: Type of disability		No		Email address	Signature
Designation	Director		Gender	Male		Age		X		lmnconsulting2021@gmail.com	
Department / Unit / Company	NLM consulting								Cell number		
Land line					18-35		36-59		+60 083 294 0035		

Name and Surname	Vikant M. Maila		Race	C		Disability Yes/No Yes: Type of disability		No		Email address	Signature
Designation	Director		Gender	M		Age		✓		mdp3@Mamphele	
Department / Unit / Company	Mamphele development planners CC								Cell number		
Land line	012 460 4861				18-35		36-59		+60 083 239 5058		

Name and Surname	Linas Nsamenang		Race	A		Disability Yes/No Yes: Type of disability		No		Email address	Signature
Designation	CORPORATE (P&S)		Gender	W		Age		X		Cell number	
Department / Unit / Company	Nkanivo H/S										
Land line					18-35		36-59		+60		

Name and Surname	Garco Lombard	Race	W	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Engineer			✓		X	Garco Lombard ⁵ Kimberley@smec.com	
Department / Unit / Company	SMCC SOUTH AFRICA (PTY) LTD	Gender		Age			Cell number	
Land line	0538325150	W		18-35	36-59	+60	0733713285	

Name and Surname	Livhuwani Ishulate	Race	A	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Control Enrolment					X	Ltshulate@ncpg.gov.za	
Department / Unit / Company	COGHTA	Gender		Age			Cell number	
Land line	0538209514	F		18-35	36-59	+60	0729398588	

Name and Surname	Iton Madala	Race		Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Town Planner		African			X	Info@relicst.co.za	
Department / Unit / Company	Relics Town Planners (Pty) Ltd.	Gender		Age			Cell number	
Land line		Male		18-35	36-59	+60	0818258906	

Name and Surname	Pemuel MISTHOMA	Race		Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Town Planner		African				benney@wale.co.za	
Department / Unit / Company	URBAN Regensis	Gender		Age			Cell number	
Land line		Male		18-35	36-59	+60	0614729760	



DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME:

NC15/2022

VENUE:

Bsarep Room (COGHS714)

DATE:

14/02/2023

TIME:

10:00

Name & Surname	Race	Disability		Email address	Signature
Designation		Yes: Type of disability	No		
Tsebo Monnens	A		X	Emonwametsi, @ncpg.gov.za	
Department / Unit / Company	Gender	Age		Cell number	
COGHSTA		18-35	36-59	+60	
052 807 9713	M		X		Hon. [Signature]

Name and Surname	Race	Disability Yes/No		Email address	Signature
Designation		Yes: Type of disability	No		
Department / Unit / Company	Gender	Age		Cell number	
		18-35	36-59	+60	

Name and Surname	Race	Disability Yes/No		Email address	Signature
Designation		Yes: Type of disability	No		
Department / Unit / Company	Gender	Age		Cell number	
		18-35	36-59	+60	