COGHSTA

Department:
Co-operative Governance, Human Settlements & Traditional Affairs
Northern Cape

DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC|15|2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 8h00

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

Name and Surname	SHAPO LEANETT	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	TOWN PLANNER.	AFRICAN			✓	Leanett@acuteinnovationsa.co.za	
Department / Unit / Company	ACUTE INNOVATION	Gender	Age			Cell number	
Land line	015 291 2500	M	~~18-35~~	36-59	+60	0711997136.	

Name and Surname	TUMELO HAMESE	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	TOWN PLANNER.	AFRICAN			✓	GUILFORDANDSONS@Gmail.com	
Department / Unit / Company	GUILFORD AND SONS HOLDINGS	Gender	Age			Cell number	
Land line		M	~~18-35~~	36-59	+60	0711 997134	

Name and Surname	LUNGILE. KUMALO	Race	Disability Yes/No		Email address	Signature
Designation		A	Yes: Type of disability	No	tender@snow-cons.co.za	
Department / Unit / Company	KAZIA ENGINEERING (PTY) LTD	Gender	Age		Cell number	
Land line		M	18-35 / 36-59 / +60		0795353899	

Name and Surname	Len Fourie	Race	Disability Yes/No		Email address	Signature
Designation	Town Planner	White	Yes: Type of disability	No X	macroplan@mweb.co.za	
Department / Unit / Company	Macroplan	Gender	Age		Cell number	
Land line	054 3323642	M	18-35 / ~~36-59~~ / +60		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~~ / +60		061 472 9760	

Name and Surname	Refilwe Khabe	Race	Disability Yes/No		Email address	Signature
Designation	Town Planner	B	Yes: Type of disability	No X	refilwe@destudio.co.za	
Department / Unit / Company	DeJong Design Studio (Destudio)	Gender	Age		Cell number	RKhabe
Land line	051 436 0130	F	~~18~~35 / 36-59 / +60		066 248 0544	

Name and Surname	Junaid Bechmann	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Manager.	C			X	Junaid@roadlab.co.za	
Department / Unit / Company	RoadLab Pty Ltd	Gender	Age			Cell number	
Land line	011 828 0297	M	18-35	36-59 X	+60	082 390 5421	

Name and Surname	Ms Pfluumukan Mudau	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation		B				info@wtpconsulting	
Department / Unit / Company	WTP Environmental Consultants	Gender	Age			Cell number	
Land line		F	18-35	36-59	+60	083 479 5134	

Name and Surname	Tshegofatso Maloba	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation		B			X	Tshego@great-growth.co.za	
Department / Unit / Company	Great Growth Holdings	Gender	Age			Cell number	
Land line		F	18-35	36-59	+60	076 708 9098	

Name and Surname	SEPAPI TUMELO	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	TOWN PLANNER.	A/B			✓	Tumisho@Airborneplanners.co.za	
Department / Unit / Company	AIRBORNE PLANNERS	Gender	Age			Cell number	
Land line	067 006 4215	M	18-35	36-59	+60	067 006 4215	

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SESSION NAME: NC 15/2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 9h00

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

Name and Surname	Gabriel Phasha.	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Planner	B		✓	Gabriel@uAfrikaa.co.za	
Department / Unit / Company	uAfrika Projects	Gender	Age		Cell number	
Land line		M	~~18-35~~	36-59 / +60	0614267995	

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

Name and Surname	Karel Vraagie	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	SCM	A		✓	KVraagie@ncpg.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	9723	M	18-35 / 36-59 / +60			

Name and Surname	Bantle Rapelang	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Contractor	A		X	Mengwe.Otsegodira@gmail.com	
Department / Unit / Company	Otsegodira General Trading	Gender	Age		Cell number	
Land line	053 150 0008	F	18-35 / ~~36-59~~ X / +60		0792660129	

Name and Surname	Venus Balayi	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Akanani Development Planner	A		X	balayivv@akananiplanners.co.za	
Department / Unit / Company	Planner	Gender	Age		Cell number	
Land line	0812169732	M	18-35 / ~~36-59~~ / +60		0812169732	

Name and Surname	Mongezi Bungxu	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	SCM	A	—	X	Mbungxu@ncpg.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053.830 9548	M	18-35 / ~~36-59~~ / +60		0720817815	

Name and Surname	K Kgaele	Race	Disability Yes/No			Email address	Signature
			Yes: Type of disability		No		
Designation	Manager	A				kgwelekemu@gmail.com	[signature]
Department / Unit / Company	COGHSTA	Gender	Age			Cell number	
Land line	9472	M	18-35	36-59	+60	0784185319	

Name and Surname	Fumani Mathebula	Race	Disability Yes/No			Email address	Signature
			Yes: Type of disability		No		
Designation	Contractor	Black			X	info@ngoti.co.za	[signature]
Department / Unit / Company	Ngoti Development	Gender	Age			Cell number	
Land line		Male	18-35	36-59	+60	0725732390	

Name and Surname	MPHO MAKINDILI	Race	Disability Yes/No			Email address	Signature
			Yes: Type of disability		No		
Designation	COGHSTA CTP	A			X	MMakindili@ncpg.gov.za	[signature]
Department / Unit / Company		Gender	Age			Cell number	
Land line	053 830 9515	M	18-35	36-59	+60	079 9467 651	

Name and Surname	MARCO NCLWAMONDO	Race	Disability Yes/No			Email address	Signature
			Yes: Type of disability		No		
Designation	COGHS T.P	A				marcosnclwamondo@gmail.com	[signature]
Department / Unit / Company	HUMAN SETT	Gender	Age			Cell number	
Land line	053 830 9515	M	18-35	36-59	+60	0767604893	

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ATTENDANCE REGISTER

SESSION NAME: NC|15|2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 8h00

Name & Surname	Mr MABALANE	Race	Disability Yes: Type of disability	No	Email address	Signature
Designation	Representor	B			mabalana@vhuyani.co.za	
Department / Unit / Company	VHUYANI-NCABANE TKLM	Gender	Age		Cell number	
Land line	072 480 6825	M	18-35	~~36~~-59 / +60	072 480 6825	

Name and Surname	HECTOR MARUPING	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	DIRECTOR.	AFRICAN		X	HECTORMARUPING16@GMAIL.C	
Department / Unit / Company	BODI YA TSELA	Gender	Age		Cell number	
Land line	0727859714	MALE	18-35	36-59 X / +60	072 7859714	

Name and Surname	Koot Raubenheimer	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	C.F.O	W		X	koot@maxim.co.za	
Department / Unit / Company	Maxim Planning Solutions (Pty) Ltd	Gender	Age		Cell number	
Land line	018 468 6366	M	18-35	36-59 X / +60	083 263 4960	

Name and Surname	SAMUEL CHAUKE	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	DIRECTOR	AFRICAN		✓	INFO@NKANIVO.CO.ZA	
Department / Unit / Company	NKANIVO DEVELOPMENT CONSULTANTS	Gender	Age		Cell number	
Land line	012 807 7445	MALE	18-35	36-59 (circled)	083 277 7347	
				+60		

Name and Surname	Thabo Mola	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Director.	Black		X	lmnconsulting 2021@gmail.co	
Department / Unit / Company	NLM consulting	Gender	Age		Cell number	
Land line		Male	18-35 (circled)	36-59	082 294 0035	
				+60		

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

Name and Surname	LITHA NGALEKOMA	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	COUNCILLOR (CKS)	A		X		
Department / Unit / Company	MUN H/S	Gender	Age		Cell number	
Land line		M	18-35	~~36-59~~		
				+60		

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

Name and Surname	Livhuwani Ishilate	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Control Envtalist	A		X	Lishilate@ncpg.gov.za	
Department / Unit / Company	CoGHSTA	Gender	Age		Cell number	
Land line	053 830 9514	F	18-35	~~36-59~~	+60	082 939 8588

Name and Surname	Iton Madala	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Town Planner	African		X	Info@relicsst.co.za	
Department / Unit / Company	Relics Town Planners (Pty) Ltd.	Gender	Age		Cell number	
Land line		Male	~~18-35~~	36-59	+60	081 825 8906

Name and Surname	Pernil Mistoma	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Town Planner	African			bennyo@urdc.co.za	
Department / Unit / Company	URBanReGenesis	Gender	Age		Cell number	
Land line		Male	~~18-35~~	36-59	+60	0617297960

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ATTENDANCE REGISTER

SESSION NAME: NC/15/2022

VENUE: BOARDROOM (COGHSTA)

DATE: 14/02/2023

TIME: 10:00

Name & Surname	TEBOGO MONAMETSI	Race	Disability Yes: Type of disability	Disability No	Email address	Signature
Designation	SEM	A		X	EMONAMETSI@NCPG.GOV.ZA	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053 807 9713	M	18-35	36-59 ~~X~~ +60		

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

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