COGHSTA

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

DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC/14/2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 8h00

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

Name and Surname	Khutjo Maake	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Office admin	African				office@ntgsolutions	
Department / Unit / Company	NTG Solutions	Gender	Age			Cell number	
Land line	011 041 5100	M	18-35 ✓	36-59	+60	067 230 6200	

Name and Surname	Len Fouric	Race	Disability Yes/No Yes: Type of disability		No	Email address	Signature
Designation	Town Planner	White			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	TUMELO HAMESSE.	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	TOWN PLANNER.	AFRICAN		✓	GUILFORD AND SONS@GMAIL.COM.	
Department / Unit / Company	GUILFORD AND SONS HOLDINGS.	Gender	Age		Cell number	
Land line	07 11 997136	M.	18-35 ~~36-59~~	36-59 +60	0711997134.	

Name and Surname	TUMISH SEPAPI	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	TOWN PLANNER.	A		✓	Tumisha @ AIRborneplanners.co.za	
Department / Unit / Company	AIRBORNE TOWN PLANNERS	Gender	Age		Cell number	
Land line	067 006 6215	M	18-35 ~~36-59~~	36-59 +60		

Name and Surname	Gabriel Phasha.	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Town Planner.	B		✓	Gabriel@uAfrika.co.za	
Department / Unit / Company	uAfrica. Projects.	Gender	Age		Cell number	
Land line	061 426 7995	M	18-35 ~~36-59~~	36-59 +60	061 4267995	

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

Name and Surname	BERNARD LETSWELE	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	TOWN PLANNING	A			benny@urdc.co.za	
Department / Unit / Company	URBAN REGENESIS	Gender	Age		Cell number	
Land line		M	18-35	~~36-59~~ +60	061 472 9760	

Name and Surname	Ms Phumalani Madaca	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	083 499 5134	

Name and Surname	Refilwe Khabe	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Town Planner	B		X	refilwe@destudio.co.za	
Department / Unit / Company	DeJong Design Studio (Destudio)	Gender	Age		Cell number	RKhabe
Land line	~~Desk~~ 051 436 0180	F	~~18~~35	36-59 +60	066 248 0544	

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	

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Northern Cape

DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC 14/2022
VENUE: Board Room (COGHSTA)
DATE: 14/02/2023
TIME: 08:00

Name & Surname	Iton Madala	Race	Disability 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	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		Male	18-35	36-59	+60	076 985 7671	

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

Name and Surname	M. MARINDILI	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	CHIEF TOWN PLANNER	A		X	MMarindili@ncrs.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053 830 9515	M	~~18-35~~	36-59 +60		

Name and Surname	MARCO NELWAMONDO	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	TOWN PLANNER	A			marconelwamondo@gmail.com	
Department / Unit / Company	HUMA SETTLEMENT	Gender	Age		Cell number	
Land line	053 830 9515	M	~~18-35~~	36-59 +60	076 760 4893	

Name and Surname	TEBOGO MONOAMETSI	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	SCM	A		X	tmonoametsi@ncrs.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053 807 9713	M	18-35	~~36-59~~ +60	—	

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

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Northern Cape

DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC|14|2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 8h00

Name & Surname	HECTOR MARUPING	Race	Disability Yes: Type of disability	No	Email address	Signature
Designation	DIRECTOR	AFRICAN		✓	HECTORMARUPING16@GMAIL.COM	
Department / Unit / Company	PODI YA TSELA	Gender	Age		Cell number	
Land line	072 785 9714	MALE	18-35	36-59 X +60	072 785 9714	

Name and Surname	MR MABALANE	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	PRESENTOR	B		✓	mabalana@vhuyeni.co.za	
Department / Unit / Company	VHUYANI-NCABANE	Gender	Age		Cell number	
Land line	27532155	M	18-35	36-59 +60	072 480 6825	

Name and Surname	Koot Rauberheimer	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) 4686366	M	18-35	36-59 X +60	083 263 4960	

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 / +60	083 239 5058	

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	~~07~~ 012 807 7445	MALE	18-35	(36-59) / +60	083 277 7347	

Name and Surname	Thabo Moia	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Director	Black		X	lmnconsulting2021@gmail.com	
Department / Unit / Company	NLM consulting	Gender	Age		Cell number	
Land line		Male	(18-35) / 36-59 / +60		082 294 0035	

Name and Surname	LOTHEO NGAMLANA	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	MAN. H/S	A		X	ngamlana@ncpg.gov.za	
Department / Unit / Company	COGHSTA (CPLS)	Gender	Age		Cell number	
Land line	0536310953	M	18-35	~~36-59~~ / +60	0833902551	

Name and Surname	Gorco Combard	Race	Disability Yes/No		Email address	Signature
Designation	Engineer	W	Yes: Type of disability —	No X	kimbarley@smec.com	
Department / Unit / Company	SMEC SOUTH AFRICA (PTY) Ltd	Gender	Age		Cell number	
Land line	053 832 5150	M	18-35	36-59 ~~X~~ +60	073 371 3285	

Name and Surname	Junaid Bechuana	Race	Disability Yes/No		Email address	Signature
Designation	Manager.	C	Yes: Type of disability —	No 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	Lwhuwani Ishilate	Race	Disability Yes/No		Email address	Signature
Designation	Control Enviromental	A	Yes: Type of disability —	No X	Ltshilate@ncpg.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053 830 9514	F	18-35	36-59 ~~X~~ +60	082 939 8588	

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

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DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

ATTENDANCE REGISTER

SESSION NAME: NC/14/2022
VENUE: BOARDROOM (COGHSTA)
DATE: 14/02/2023
TIME: 08:00

Name & Surname	Rudzani Sipholi	Race	Disability Yes: Type of disability	No	Email address	Signature
Designation		African		X	globalsolutiondev@gmail.com	
Department / Unit / Company	Global Solution Development	Gender	Age		Cell number	
Land line	081 824 5565	male	~~18-35~~	36-59 / +60	081 824 5565	Phiphi

Name and Surname	C.J. Mokoatedi	Race	Disability Yes/No: Type of disability	No	Email address	Signature
Designation		African		X	TT consultingengineers	
Department / Unit / Company		Gender	Age		Cell number	
Land line	087 149 4207	Male	~~18-35~~	36-59 / +60	087 149 4207	

Name and Surname	Puleng Sebeela	Race	Disability Yes/No: Type of disability	No	Email address	Signature
Designation	Civil Engineer	Black		X	sebeelapuleng@gmail.com	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line		Female	~~18-35~~	36-59 / +60	073 984 9469	

Name and Surname	Siphosethu Madondile	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Intern	A		X		
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	054 830 9400	F	~~18-35~~ X	36-59 / +60	073 067 0141	

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

Name and Surname	Peniel Mistoka	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Town Planning	A			benny@urdc.co.za	
Department / Unit / Company	URBan Regenesis	Gender	Age		Cell number	
Land line		Male	~~18-35~~ / 36-59 / +60		0614729760	

Name and Surname	Karel	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	SCM	A			Kvisagie@ncpg.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053 807 9723	M	18-35 / ~~36-59~~ X / +60			

Name and Surname	Mongezi Bungxu	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	SCM	A		X	wbungxu@ncpg.gov.za	
Department / Unit / Company	COGHSTA	Gender	Age		Cell number	
Land line	053-8309548	M	18-35 / 36-59 / +60		0720817815	

Name and Surname	Boutle Rapelang	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Contractor	A		X	Wenguwe.Orbegodira.com	
Department / Unit / Company	Orbegodira General Trading	Gender	Age		Cell number	
Land line	053 150 0008	F	18-35 / 36-59 / +60		079 266 124	

Name and Surname	Baloyi Venus	Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation	Akanani Development Planner	A		X	baloyivv@akananu planners.co.za	
Department / Unit / Company		Gender	Age		Cell number	
Land line		M	18-35 / 36-59 / +60		081 216 9732	

Name and Surname		Race	Disability Yes/No Yes: Type of disability	No	Email address	Signature
Designation		A		X	081 216 9732	
Department / Unit / Company		Gender	Age		Cell number	
Land line		M	18-35 / 36-59 / +60		baloyivv@akananu planners.co.za	

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