



# DEPARTMENT OF COOPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

## ATTENDANCE REGISTER

SESSION NAME: NC/19/2022  
 VENUE: B/1201  
 DATE: 14 Feb 23  
 TIME: 8:00

| Name & Surname                                  | Race    | Disability<br>Yes: Type of disability | No                                  | Email address       | Signature |
|-------------------------------------------------|---------|---------------------------------------|-------------------------------------|---------------------|-----------|
| SAMUEL CHAUKE                                   | AFRICAN |                                       | <input checked="" type="checkbox"/> | INFO@NKANINDO.CO.ZA |           |
| DIRECTOR<br>NKANINDO DEVELOPMENT<br>CONSULTANTS | Gender  | Age                                   |                                     | Cell number         |           |
| 012 807 7445                                    | MALE    | 36-59                                 | +60                                 | 083 277 7347        |           |

| Name and Surname                            | Race   | Disability<br>Yes: Type of disability | No                                  | Email address      | Signature |
|---------------------------------------------|--------|---------------------------------------|-------------------------------------|--------------------|-----------|
| Gerco Lombard                               | W      | <input checked="" type="checkbox"/>   | <input checked="" type="checkbox"/> | kimberley@smec.com |           |
| Engineer<br>S/MEC SOUTH AFRICA<br>(PTY) LTD | Gender | Age                                   |                                     | Cell number        |           |
| 053 832 5150                                | M      | 36-59                                 | +60                                 | 0733713285         |           |

| Name and Surname                  | Race   | Disability<br>Yes: Type of disability | No                                  | Email address          | Signature |
|-----------------------------------|--------|---------------------------------------|-------------------------------------|------------------------|-----------|
| MR MABALANE                       | B      |                                       | <input checked="" type="checkbox"/> | mabalana@khuyani.co.za |           |
| PRESENTOR<br>KHUYANI-NEAGANE TLAD | Gender | Age                                   |                                     | Cell number            |           |
|                                   | M      | 36-59                                 | +60                                 | 072 480 6825           |           |

| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address                |  | Signature |
|-----------------------------|--------|----------------------------------------------|-------|------------------------------|--|-----------|
| Hector Maruping             | A      |                                              | No    | Hector Maruping 16@gmail.com |  |           |
| Designation                 |        |                                              |       |                              |  |           |
| Department / Unit / Company | Gender | Age                                          |       | Cell number                  |  |           |
| Land line                   |        | 18-35                                        | 36-59 | +60                          |  |           |
|                             |        |                                              |       | 072 785 9714                 |  |           |

| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address                          |  | Signature |
|-----------------------------|--------|----------------------------------------------|-------|----------------------------------------|--|-----------|
| Phofhi Ratshilumele         | A      |                                              | No    | Global solutions developer @ gmail.com |  |           |
| Designation                 |        |                                              |       |                                        |  |           |
| Department / Unit / Company | Gender | Age                                          |       | Cell number                            |  |           |
| Land line                   |        | 18-35                                        | 36-59 | +60                                    |  |           |
|                             |        |                                              |       | 081 824 5565                           |  |           |

| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address |  | Signature |
|-----------------------------|--------|----------------------------------------------|-------|---------------|--|-----------|
| Siphosethu Madondile        | A      |                                              | No    |               |  |           |
| Designation                 |        |                                              |       |               |  |           |
| Department / Unit / Company | Gender | Age                                          |       | Cell number   |  |           |
| Land line                   |        | 18-35                                        | 36-59 | +60           |  |           |
|                             |        |                                              |       | 0730670141    |  |           |

| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address        |  | Signature |
|-----------------------------|--------|----------------------------------------------|-------|----------------------|--|-----------|
| Livuwani Ishulata           | A      |                                              | No    | Lshulata@ncpg.gov.za |  |           |
| Designation                 |        |                                              |       |                      |  |           |
| Department / Unit / Company | Gender | Age                                          |       | Cell number          |  |           |
| Land line                   |        | 18-35                                        | 36-59 | +60                  |  |           |
|                             |        |                                              |       | 082 939 8588         |  |           |



|                             |                          |        |                                              |           |                               |  |                                                                                   |
|-----------------------------|--------------------------|--------|----------------------------------------------|-----------|-------------------------------|--|-----------------------------------------------------------------------------------|
| Name and Surname            | Marshall Tiger           | Race   | Disability Yes/No<br>Yes: Type of disability |           | Email address                 |  | Signature                                                                         |
| Designation                 | Engineering Technologist | C      |                                              |           | Marshall.Tiger@bigengroup.com |  |  |
| Department / Unit / Company | Bigen Africa Services    | Gender | Age                                          |           | Cell number                   |  |                                                                                   |
| Land line                   | 053 831 2935             | M      | <del>18-35</del>                             | 36-59 +60 | 071 616 0010                  |  |                                                                                   |

|                             |                 |        |                                              |           |                  |  |                                                                                   |
|-----------------------------|-----------------|--------|----------------------------------------------|-----------|------------------|--|-----------------------------------------------------------------------------------|
| Name and Surname            | Penid Misihe MA | Race   | Disability Yes/No<br>Yes: Type of disability |           | Email address    |  | Signature                                                                         |
| Designation                 | Town Planning   | A      |                                              |           | benng@urdc.co.za |  |  |
| Department / Unit / Company | Urban Regenesi  | Gender | Age                                          |           | Cell number      |  |                                                                                   |
| Land line                   |                 | Male   | 18-35                                        | 36-59 +60 | 061 472 9760     |  |                                                                                   |

|                             |                            |        |                                              |           |                       |  |                                                                                    |
|-----------------------------|----------------------------|--------|----------------------------------------------|-----------|-----------------------|--|------------------------------------------------------------------------------------|
| Name and Surname            | Bontle Rapelany            | Race   | Disability Yes/No<br>Yes: Type of disability |           | Email address         |  | Signature                                                                          |
| Designation                 | Contractor                 | A      |                                              |           | Wengwe.Oibegodire.com |  |  |
| Department / Unit / Company | Oibegodire General Trading | Gender | Age                                          |           | Cell number           |  |                                                                                    |
| Land line                   | 053 157 0008               | F      | 18-35                                        | 36-59 +60 | 079 266 0124          |  |                                                                                    |

|                             |                              |        |                                              |           |                               |  |                                                                                     |
|-----------------------------|------------------------------|--------|----------------------------------------------|-----------|-------------------------------|--|-------------------------------------------------------------------------------------|
| Name and Surname            | Venus Baloyi                 | Race   | Disability Yes/No<br>Yes: Type of disability |           | Email address                 |  | Signature                                                                           |
| Designation                 | Akandani Development Planner |        |                                              |           | baloyi@akandaniplanners.co.za |  |  |
| Department / Unit / Company | Planner                      | Gender | Age                                          |           | Cell number                   |  |                                                                                     |
| Land line                   | 081 216 9732                 | X      | 18-35                                        | 36-59 +60 | 081 216 9732                  |  |                                                                                     |



# DEPARTMENT OF CO-OPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

## ATTENDANCE REGISTER

SESSION NAME:

NC119/2022

VENUE:

Boarchoon

DATE:

14 Feb 2022

TIME:

8h00

| Name & Surname                        | Race   | Disability              |         | Email address    | Signature |
|---------------------------------------|--------|-------------------------|---------|------------------|-----------|
| Koot Raubenheimer                     | W      | Yes: Type of disability | No      |                  |           |
| CFO                                   |        | —                       | ✓       | koot@maxim.co.za |           |
| Maxim Planning<br>Solutions (Pty) Ltd | Gender | Age                     |         | Cell number      |           |
| 018 4686366                           | M      | 18-35                   | 36-59 X | +60 083 263 4960 |           |

| Name and Surname                 | Race   | Disability              |       | Email address       | Signature |
|----------------------------------|--------|-------------------------|-------|---------------------|-----------|
| Vincent M. Maila                 | C      | Yes: Type of disability | No    |                     |           |
| Director                         |        |                         | ✓     | mdp3@mamphele.co.za |           |
| Mamphele development<br>planners | Gender | Age                     |       | Cell number         |           |
| 012 460 4861                     | M      | 18-35                   | 36-59 | +60 083 239 5058    |           |

| Name and Surname | Race   | Disability              |         | Email address       | Signature |
|------------------|--------|-------------------------|---------|---------------------|-----------|
| Lona Nkomo       | A      | Yes: Type of disability | No      |                     |           |
| Man- H/S         |        |                         | X       | ngamqua@ncpg.gov.za |           |
| Coenraads (Pty)  | Gender | Age                     |         | Cell number         |           |
| 053 631 0953     |        | 18-35                   | 36-59 X | +60 083 390 2551    |           |



| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |                                           | Email address      | Signature                                                                         |
|-----------------------------|--------|----------------------------------------------|-------------------------------------------|--------------------|-----------------------------------------------------------------------------------|
| Gerco Lombard               | W      | Yes: <input checked="" type="checkbox"/>     | No: <input type="checkbox"/>              | kimbarley@smec.com |  |
| Designation                 | Gender | Age                                          |                                           | Cell number        |                                                                                   |
| Engineer                    |        |                                              |                                           |                    |                                                                                   |
| Department / Unit / Company |        |                                              |                                           |                    |                                                                                   |
| SMEC SOUTH AFRICA (PTY) LTD |        |                                              |                                           |                    |                                                                                   |
| Land line                   |        |                                              |                                           |                    |                                                                                   |
| 053 8325150                 | M      | 18-35                                        | 36-59 <input checked="" type="checkbox"/> | +60 073 371 3285   |                                                                                   |

| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |                                           | Email address        | Signature                                                                         |
|-----------------------------|--------|----------------------------------------------|-------------------------------------------|----------------------|-----------------------------------------------------------------------------------|
| Junaid Beckman              | C      | Yes: <input type="checkbox"/>                | No: <input checked="" type="checkbox"/>   | junaid@roadlab.co.za |  |
| Designation                 | Gender | Age                                          |                                           | Cell number          |                                                                                   |
| Manager                     |        |                                              |                                           |                      |                                                                                   |
| Department / Unit / Company |        |                                              |                                           |                      |                                                                                   |
| ROADLAB PTY LTD             |        |                                              |                                           |                      |                                                                                   |
| Land line                   |        | 18-35                                        | 36-59 <input checked="" type="checkbox"/> | +60 082 350 5421     |                                                                                   |

| Name and Surname            | Race    | Disability Yes/No<br>Yes: Type of disability |                                           | Email address              | Signature                                                                          |
|-----------------------------|---------|----------------------------------------------|-------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| Hector Maruping             | AFRICAN | Yes: <input type="checkbox"/>                | No: <input checked="" type="checkbox"/>   | HECTORMARUPING16@GMAIL.COM |  |
| Designation                 | Gender  | Age                                          |                                           | Cell number                |                                                                                    |
| DIRECTOR                    |         |                                              |                                           |                            |                                                                                    |
| Department / Unit / Company |         |                                              |                                           |                            |                                                                                    |
| POLYATSELA                  |         |                                              |                                           |                            |                                                                                    |
| Land line                   |         | 18-35                                        | 36-59 <input checked="" type="checkbox"/> | +60 072 785 9714           |                                                                                    |

| Name and Surname            | Race   | Disability Yes/No<br>Yes: Type of disability |                                           | Email address          | Signature                                                                           |
|-----------------------------|--------|----------------------------------------------|-------------------------------------------|------------------------|-------------------------------------------------------------------------------------|
| MR MABALANE                 | B      | Yes: <input type="checkbox"/>                | No: <input checked="" type="checkbox"/>   | mabalane@vhuyani.co.za |  |
| Designation                 | Gender | Age                                          |                                           | Cell number            |                                                                                     |
| PRESIDENT                   |        |                                              |                                           |                        |                                                                                     |
| Department / Unit / Company |        |                                              |                                           |                        |                                                                                     |
| VHUYANI-NCABANG TRADING     |        |                                              |                                           |                        |                                                                                     |
| Land line                   |        | 18-35                                        | 36-59 <input checked="" type="checkbox"/> | +60 072 480 6825       |                                                                                     |

|                             |                                 |  |         |  |                                              |  |                                     |  |                     |  |                                                                                   |  |
|-----------------------------|---------------------------------|--|---------|--|----------------------------------------------|--|-------------------------------------|--|---------------------|--|-----------------------------------------------------------------------------------|--|
| Name and Surname            | Iton Madala                     |  | Race    |  | Disability Yes/No<br>Yes: Type of disability |  | No                                  |  | Email address       |  | Signature                                                                         |  |
| Designation                 | Town Planner                    |  | African |  |                                              |  | <input checked="" type="checkbox"/> |  | Info@relicsst.co.za |  |  |  |
| Department / Unit / Company | Relics Town planners (Pty) Ltd. |  | Gender  |  | Age                                          |  |                                     |  | Cell number         |  |                                                                                   |  |
| Land line                   | 081 825 8906                    |  | Male    |  | 18-35                                        |  | 36-59                               |  | +60                 |  | 081 825 8906                                                                      |  |

|                             |                      |  |         |  |                                              |  |       |  |                        |  |                                                                                   |  |
|-----------------------------|----------------------|--|---------|--|----------------------------------------------|--|-------|--|------------------------|--|-----------------------------------------------------------------------------------|--|
| Name and Surname            |                      |  | Race    |  | Disability Yes/No<br>Yes: Type of disability |  | No    |  | Email address          |  | Signature                                                                         |  |
| Designation                 | Town Planner         |  | African |  |                                              |  |       |  | Info@KHAMOAFRICA.CO.ZA |  |  |  |
| Department / Unit / Company | KHANO AFRICA PTY LTD |  | Gender  |  | Age                                          |  |       |  | Cell number            |  |                                                                                   |  |
| Land line                   | 076 9857671          |  | Male    |  | 18-35                                        |  | 36-59 |  | +60                    |  | 076 985 7671                                                                      |  |

|                             |                   |  |        |  |                                              |  |                                     |  |               |  |                                                                                    |  |
|-----------------------------|-------------------|--|--------|--|----------------------------------------------|--|-------------------------------------|--|---------------|--|------------------------------------------------------------------------------------|--|
| Name and Surname            | Fumani Mathebula  |  | Race   |  | Disability Yes/No<br>Yes: Type of disability |  | No                                  |  | Email address |  | Signature                                                                          |  |
| Designation                 | Town Planner      |  | A      |  |                                              |  | <input checked="" type="checkbox"/> |  | 0072 573 2390 |  |  |  |
| Department / Unit / Company | Ngoti Development |  | Gender |  | Age                                          |  |                                     |  | Cell number   |  |                                                                                    |  |
| Land line                   | 072 573 2390      |  | Male   |  | 18-35                                        |  | 36-59                               |  | +60           |  | info@ngoti.co.za                                                                   |  |

|                             |              |  |        |  |                                              |  |                                     |  |                    |  |                                                                                     |  |
|-----------------------------|--------------|--|--------|--|----------------------------------------------|--|-------------------------------------|--|--------------------|--|-------------------------------------------------------------------------------------|--|
| Name and Surname            | Mogosi Bungu |  | Race   |  | Disability Yes/No<br>Yes: Type of disability |  | No                                  |  | Email address      |  | Signature                                                                           |  |
| Designation                 | SCM          |  | A      |  |                                              |  | <input checked="" type="checkbox"/> |  | wbungu@ncpg.org.za |  |  |  |
| Department / Unit / Company | COGHS7A      |  | Gender |  | Age                                          |  |                                     |  | Cell number        |  |                                                                                     |  |
| Land line                   | 053 830 9548 |  | M      |  | 18-35                                        |  | 36-59                               |  | +60                |  | 076 817 815                                                                         |  |





# DEPARTMENT OF CO-OPERATIVE GOVERNANCE, HUMAN SETTLEMENTS & TRADITIONAL AFFAIRS

## ATTENDANCE REGISTER

SESSION NAME: NC/19/2022

VENUE: Boardroom

DATE: 14 Feb 2022

TIME: 9h00

| Name & Surname | Designation  | Department / Unit / Company | Land line    | Race   | Disability              |       | Email address        | Signature |
|----------------|--------------|-----------------------------|--------------|--------|-------------------------|-------|----------------------|-----------|
|                |              |                             |              |        | Yes: Type of disability | No    |                      |           |
| Len Fourie     | Town Planner | Macroplan                   | 054 332 3642 | White  |                         | X     | macroplan@mweb.co.za |           |
|                |              |                             |              | Gender | Age                     |       | Cell number          |           |
|                |              |                             |              | M      | 18-35                   | 36-59 | +60 082 821 1025     |           |

| Name and Surname | Designation  | Department / Unit / Company | Land line    | Race    | Disability Yes/No       |       | Email address              | Signature |
|------------------|--------------|-----------------------------|--------------|---------|-------------------------|-------|----------------------------|-----------|
|                  |              |                             |              |         | Yes: Type of disability | No    |                            |           |
| Khutso Mako      | Office admin | NTG Solutions               | 011 641 5100 | African |                         |       | office@ntg solutions.co.za |           |
|                  |              |                             |              | Gender  | Age                     |       | Cell number                |           |
|                  |              |                             |              | M       | 18-35                   | 36-59 | +60 667 230 6200           |           |

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

| Name and Surname            | Race   | Disability Yes/No       |       | Email address           |              | Signature                                                                         |
|-----------------------------|--------|-------------------------|-------|-------------------------|--------------|-----------------------------------------------------------------------------------|
| Designation                 | A      | Yes: Type of disability | No    | tender@snown-cons.co.za |              |  |
| Department / Unit / Company | Gender | Age                     |       | Cell number             |              |                                                                                   |
| Land line                   | M      | 18-35                   | 36-59 | +60                     | 079 5353 899 |                                                                                   |

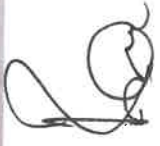
| Name and Surname            | Race   | Disability Yes/No       |       | Email address            |              | Signature                                                                         |
|-----------------------------|--------|-------------------------|-------|--------------------------|--------------|-----------------------------------------------------------------------------------|
| Designation                 | B      | Yes: Type of disability | No    | info@wbpconsulting.co.za |              |  |
| Department / Unit / Company | Gender | Age                     |       | Cell number              |              |                                                                                   |
| Land line                   | M      | 18-35                   | 36-59 | +60                      | 083 479 5184 |                                                                                   |

| Name and Surname            | Race   | Disability Yes/No       |       | Email address          |              | Signature                                                                          |
|-----------------------------|--------|-------------------------|-------|------------------------|--------------|------------------------------------------------------------------------------------|
| Designation                 | B      | Yes: Type of disability | No    | refilwe@destudio.co.za |              |  |
| Department / Unit / Company | Gender | Age                     |       | Cell number            |              |                                                                                    |
| Land line                   | F      | 18-35                   | 36-59 | +60                    | 086 248 0544 |                                                                                    |

| Name and Surname            | Race   | Disability Yes/No       |       | Email address           |              | Signature                                                                           |
|-----------------------------|--------|-------------------------|-------|-------------------------|--------------|-------------------------------------------------------------------------------------|
| Designation                 | B      | Yes: Type of disability | No    | Ishelela@destudio.co.za |              |  |
| Department / Unit / Company | Gender | Age                     |       | Cell number             |              |                                                                                     |
| Land line                   | F      | 18-35                   | 36-59 | +60                     | 076 708 9098 |                                                                                     |



|                             |                    |        |                                              |       |                                |              |                                                                                   |
|-----------------------------|--------------------|--------|----------------------------------------------|-------|--------------------------------|--------------|-----------------------------------------------------------------------------------|
| Name and Surname            | SEPHI NKAMENGS     | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address                  |              | Signature                                                                         |
| Designation                 |                    | B      |                                              |       | Turniso@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 6215 |                                                                                   |

|                             |                   |        |                                              |       |                      |              |                                                                                   |
|-----------------------------|-------------------|--------|----------------------------------------------|-------|----------------------|--------------|-----------------------------------------------------------------------------------|
| Name and Surname            | GABRIEL PHASHA    | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address        |              | Signature                                                                         |
| Designation                 | uAfrica Projects  | B      |                                              |       | Gabriel@uPenta.co.za |              |  |
| Department / Unit / Company | uAfrica Projects. | Gender | Age                                          |       | Cell number          |              |                                                                                   |
| Land line                   | 061 4267995       | M      | 18-35                                        | 36-59 | +60                  | 061 426 7995 |                                                                                   |

|                             |                            |        |                                              |       |                               |             |                                                                                    |
|-----------------------------|----------------------------|--------|----------------------------------------------|-------|-------------------------------|-------------|------------------------------------------------------------------------------------|
| Name and Surname            | Leanne Shapo               | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address                 |             | Signature                                                                          |
| Designation                 |                            | B      |                                              |       | leannet@acuteinnovation.co.za |             |  |
| Department / Unit / Company | Acute innovation (Pty) LTD | Gender | Age                                          |       | Cell number                   |             |                                                                                    |
| Land line                   | 015 291 2506               | M      | 18-35                                        | 36-59 | +60                           | 071 1997134 |                                                                                    |

|                             |                                      |        |                                              |       |                           |             |                                                                                     |
|-----------------------------|--------------------------------------|--------|----------------------------------------------|-------|---------------------------|-------------|-------------------------------------------------------------------------------------|
| Name and Surname            | Turnmelo Hamesse                     | Race   | Disability Yes/No<br>Yes: Type of disability |       | Email address             |             | Signature                                                                           |
| Designation                 |                                      |        |                                              |       | Guilfordandsons@gmail.com |             |  |
| Department / Unit / Company | Guilford and Sons Holdings (Pty) LTD | Gender | Age                                          |       | Cell number               |             |                                                                                     |
| Land line                   | 071 1997134                          |        | 18-35                                        | 36-59 | +60                       | 0711 997134 |                                                                                     |

! NPHO MARINDI

COGASTA

CHIEF TOWN PLANNER

053 830 9515

M. MARINDI ENP - gawis 29



WABO NEWCOMPO

COGASTA

TOWN PLANNER

016 760 4893



TEROAO MONOMETS

COGASTA

SCM

tmonomets1@nps.gov.za

053 807 9713

Mon. Samet