

BASIC ASSESSMENT APPLICATION FOR THE PROPOSED CONSTRUCTION OF STUDENT ACCOMODATION AND ASSOCIATED INFRASTRUCTURE IN SOSHANGUVE, BLOCK M, WITHIN THE JURISDICTION OF THE CITY OF TSHWANE METROPOLITAN MUNICIPALITY, GAUTENG PROVINCE.

BID REGISTRATION AND COMMENT FORM

Public Participation Office

Selahle Consultancy & Projects
 Sinnah Mhlongo/ Botlhale Phiri
 P.O Box 1059, Halfway House, 1685
 FAX 086 552 0171
 Email: ppp@scprojects.co.za
 Contact No. 011 026 2560 / 079 569 5277

Accompanying Background Information Document: September 2025

Please complete and return by post, fax or e-mail to the Public Participation Office (as above)

TITLE	MTR	FIRST NAME	LAZARUS
INITIALS	L	SURNAME	SAMBO
ORGANISATION		CAPACITY	
POSTAL ADDRESS	003 Block M		
	SOSHANGUVE	POSTAL CODE	0152
TEL		FAX	
CELL	079 6301910	EMAIL	

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

Please formally register me as an interested and affected party (I&AP) so that I may receive further information and notifications during the BA process.	YES	NO
	I would like my notifications by:	
	Letter (mail)	
	E-mail	
	Fax	
	Telephone (Telkom / Cellular)	
I would like to receive documents for comment as follows:	Paper copies	
	By e-mail	
	On CD	

In terms of GNR 326 (EIA process regulations) I disclose below any direct business, financial, personal or other interest that I may have in the granting or rejection of the application for environmental authorisation (please use separate sheets if you wish):

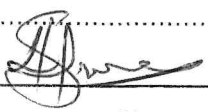
COMMENTS (please use separate sheets if you wish)

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I suggest the following for the BA process and / or the public participation process:

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Signature

THANK YOU FOR YOUR CONTRIBUTION

_____ Date



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TITLE	<i>nr</i>	FIRST NAME	<i>Joseph</i>
INITIALS	<i>J.M</i>	SURNAME	<i>Khuzwayo</i>
ORGANISATION		CAPACITY	
POSTAL ADDRESS	<i>173 Block m Soshangwe</i>		
		POSTAL CODE	<i>01521</i>
TEL		FAX	
CELL		EMAIL	

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

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[Handwritten Signature]
 Signature

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TITLE	Miss	FIRST NAME	Basetsona Dimakatso Milicent
INITIALS	MDB	SURNAME	Mbulumeti
ORGANISATION		CAPACITY	
POSTAL ADDRESS	321 Block m Soshanguve		
	POSTAL CODE	321 Block m Soshanguve	
TEL		FAX	
CELL	081 490 9801	EMAIL	mbulumetibasetsona86@gmail.com

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

Please formally register me as an interested and affected party (I&AP) so that I may receive further information and notifications during the BA process.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
I would like my notifications by:	<input type="checkbox"/> Letter (mail)	
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TITLE	Mr	FIRST NAME	Ofentse
INITIALS	○	SURNAME	Makwele
ORGANISATION		CAPACITY	
POSTAL ADDRESS	317 Block M		
	POSTAL CODE	0152	
TEL	FAX		
CELL	019 6776506	EMAIL	

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

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TITLE	MS	FIRST NAME	NTSAKO
INITIALS	N.M	SURNAME	MASHILANE
ORGANISATION		CAPACITY	
POSTAL ADDRESS	1305/1 Block m Soshanguve		
		POSTAL CODE	0152
TEL		FAX	
CELL	068 678 4294	EMAIL	ntsakomashilane12@gmail.com

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

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TITLE	Mr	FIRST NAME	NESAKO William
INITIALS	N.W	SURNAME	Maluleka
ORGANISATION		CAPACITY	
POSTAL ADDRESS	68 Block M Soshanguve		
		POSTAL CODE	0152
TEL		FAX	
CELL	064 861 7494	EMAIL	sjmaluleka1979@gmail.com

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Please complete and return by post, fax or e-mail to the Public Participation Office (as above)

TITLE	Miss	FIRST NAME	Ntsako
INITIALS	M	SURNAME	Nkula
ORGANISATION		CAPACITY	
POSTAL ADDRESS	165 Block m Soshanguve		
		POSTAL CODE	0152
TEL		FAX	
CELL	066 172 8018	EMAIL	

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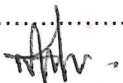
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TITLE	MR	FIRST NAME	
INITIALS	T-F	SURNAME	
ORGANISATION		CAPACITY	
POSTAL ADDRESS	316 Block m		
		POSTAL CODE	0152
TEL		FAX	
CELL	0614369161	EMAIL	Tshepo.makond318@gmail.com

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

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Please complete and return by post, fax or e-mail to the Public Participation Office (as above)

TITLE	NR	FIRST NAME	Charlie
INITIALS	C	SURNAME	Ngobeni
ORGANISATION		CAPACITY	
POSTAL ADDRESS	330 Block M Soshanguve		
TEL	0152	POSTAL CODE	
CELL	0781815657	FAX	
		EMAIL	

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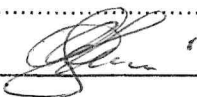
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TITLE	Mr	FIRST NAME	Kgothatso
INITIALS	KK	SURNAME	Mashilo
ORGANISATION		CAPACITY	
POSTAL ADDRESS	167 Block M Soshanguve		
		POSTAL CODE	0152
TEL	067 375 1652	FAX	
CELL		EMAIL	

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TITLE	MRS	FIRST NAME	SARAH
INITIALS	SD	SURNAME	MARGARET
ORGANISATION	FAMEL	CAPACITY	
POSTAL ADDRESS	204 Klock SOSHANGUVE		
	POSTAL CODE	0152	
TEL	079 1160607	FAX	
CELL		EMAIL	MARGARET Noly 98@gmail

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S. Margarete

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BID REGISTRATION AND COMMENT FORM

Accompanying Background Information Document: September 2025

Public Participation Office

Selahle Consultancy & Projects
Sinnah Mhlongo/ Bothale Phiri
P.O Box 1059, Halfway House, 1685
FAX 086 552 0171

Email: ppp@scprojects.co.za
Contact No. 011 026 2560 / 079 569 5277

Please complete and return by post, fax or e-mail to the Public Participation Office (as above)

TITLE	Miss	FIRST NAME	Portia
INITIALS	P	SURNAME	Mabena
ORGANISATION		CAPACITY	
POSTAL ADDRESS	826 Block M Soshanguve		
	POSTAL CODE	826 Block M	
TEL		FAX	
CELL	0665244075	EMAIL	Mabengap941@gmail.com

REGISTRATION AS INTERESTED AND/OR AFFECTED PARTY (I&AP) (please circle applicable box)

Please formally register me as an interested and affected party (I&AP) so that I may receive further information and notifications during the BA process.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	I would like my notifications by:	
	Letter (mail)	
	E-mail	
	Fax	
	Telephone (Telkom / Cellular)	
I would like to receive documents for comment as follows:	Paper copies	
	By e-mail	
	On CD	
In terms of GNR 326 (EIA process regulations) I disclose below any direct business, financial, personal or other interest that I may have in the granting or rejection of the application for environmental authorisation (please use separate sheets if you wish):		
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COMMENTS (please use separate sheets if you wish)

I suggest that the following issues of concern be investigated in the BA:

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I suggest the following for the BA process and / or the public participation process:

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Any other comments:

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.....

P. Mabena

Signature

THANK YOU FOR YOUR CONTRIBUTION

Date

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TITLE	MR	FIRST NAME	J HALECAMI
INITIALS		SURNAME	MAPHOSO
ORGANISATION		CAPACITY	
POSTAL ADDRESS	156 Block M Soshanguve 0152		
		POSTAL CODE	
TEL		FAX	
CELL	0732017557	EMAIL	vutprojects@gmail.com

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TITLE		FIRST NAME	Lolo
INITIALS	LD	SURNAME	Mgobeni
ORGANISATION		CAPACITY	
POSTAL ADDRESS	171 BLOCK M SOSHANGUVE		
		POSTAL CODE	0152
TEL		FAX	
CELL	072 144 8991	EMAIL	

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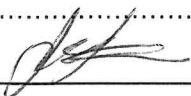
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Any other comments:

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Please complete and return by post, fax or e-mail to the Public Participation Office (as above)

TITLE	MISS	FIRST NAME	Charmaine
INITIALS	C.T	SURNAME	Chauke
ORGANISATION		CAPACITY	
POSTAL ADDRESS	169 BLOCK M SOSHANGUVE	FLOWER STREET	
TEL		FAX	
CELL	073 098 5765	EMAIL	CharmaineChauke321@gmail.com

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TITLE		FIRST NAME	REFILWE
INITIALS	RE Mashala	SURNAME	MASHABA
ORGANISATION		CAPACITY	
POSTAL ADDRESS	168 Block M SOSHANGUVE		
		POSTAL CODE	0152
TEL		FAX	
CELL	076 299 2249	EMAIL	

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Please complete and return by post, fax or e-mail to the Public Participation Office (as above)

TITLE	Mr	FIRST NAME	Lufi	
INITIALS	L.G	SURNAME	Mangwane	
ORGANISATION		CAPACITY		
POSTAL ADDRESS	204 Block M So Shenguve		POSTAL CODE	204 Block M
TEL		FAX		
CELL	07623 2469	EMAIL	lufi.mangwane@gmail.com	

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Lufi Mangwane

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