

## Blanco-Droerivier Email notification of DSR availability to I&APs

File Message ESET

Follow up. Start by Thursday, January 12, 2017. Due by Thursday, January 12, 2017.  
You forwarded this message on 03-Feb-17 4:15 PM.

From: Sheila Bolingo <sheila@envirolution.co.za> Sent: Wed 11-Jan-17 4:34 PM

To:

Cc:

Bcc: 'pietboer12@gmail.com'; 'troka@intekom.co.za'; 'kevin@pawireless.co.za'; 'pieter@hilbert.co.za'; 'info@olivegrove.co.za'; 'sakmon@igen.co.za'; 'sandrafalanga@gmail.com'; 'Sheldon.Vandrey@mainstreamrp.com'; 'stefanus@skdm.co.za'; 'stephan.barnard@mtnloaded.co.za'; 'zwaipm@gmail.com'; 'zwaipm48@mweb.co.za'; 'allvans@mweb.co.za'; 'walterrobertson@vodamail.co.za'; 'wesmug@vodamail.co.za'; 'willemo@ecosource.co.za'; 'agrisa@agriinfo.co.za'; 'Enquiries@dmr.gov.za'; 'thokob@daff.gov.za'; 'jacolinema@daff.gov.za'; 'MakhanyaP@dwa.gov.za'; 'NgobeniT@dwa.gov.za'; 'Clareen.Collins@drdlr.gov.za'; 'mgalimberti@sahra.org.za'; 'Dekockr@nra.co.za'; 'peter.novellie@sanparks.org'; 'strohl@caa.co.za'; 'petrov@elsenburg.com'; 'Pieter.vanZyl@pgwc.gov.za'; 'reservation.alert@capenature.co.za'; 'Transport.Publicworks@westerncape.gov.za'; 'Rudolf.VanJaarsveldt@westerncape.gov.za'; 'wayne.erlank@ecparks.co.za'; 'smokhanya@ecphra.org.za';

Subject: DRAFT SCOPING REPORT AVAILABILITY FOR THE PROPOSED BLANCO TO DROERIVIER 400KV TRANSMISSION LINE AND SUBSTATION UPGRADE IN THE WESTERN CAPE AND THE EASTERN CAPE PROVINCES

Dear Interested and/or Affected Party,

Envirolution Consulting (Pty) Ltd was appointed by **Eskom Holdings SOC Limited** to conduct the Environmental Impact Assessment (EIA) Process for the above mentioned project. The EIA process for the project commenced in early 2015, this **application** has however **lapsed** in accordance with Regulation 23 (1) of the EIA Regulations, 2014 and a new EIA process is currently being initiated. *It must be noted that the contents of both the Draft Scoping and the Draft EIA report will not change as the scope of the project and the environment still remains the same unless if changes come about as a result of the public participation process.*

A **draft Scoping Report** (DSR) has been prepared by Envirolution Consulting and is available for public review. The review period is from **11 January 2017 – 10 February 2017**. You are invited to review the report at one of the following locations:

- The Envirolution website at [www.envirolution.co.za](http://www.envirolution.co.za)
- Dropbox link: <https://www.dropbox.com/sh/gkizvn590z43gax/AAQtKtOGNmTbzDPXFQn5seta?dl=0>
- George Public Library and Beaufort West Public Library

Please submit written comment on or before **10 February 2017**. Please advise if your comments have remained the same or if you have additional or new comments. All comments received will be submitted in the final Scoping Report which will be submitted to the DEA for decision. Comments can be made as written submission via fax, post or e-mail.

**Should you require a CD copy, please email us and this can be couriered to you on request.**

We look forward to your participation and involvement throughout this process

Best Regards,

**Sheila Bolingo**  
**Environmental Consultant**

Tel: 0861 44 44 99  
Fax: 0861 62 62 22  
[sheila@envirolution.co.za](mailto:sheila@envirolution.co.za)  
[www.envirolution.co.za](http://www.envirolution.co.za)

Click on a photo to see social network updates and email messages from this person.



PO Box 1898 • Sunninghill 2157  
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[www.envirolution.co.za](http://www.envirolution.co.za)

**11 January 2017**

**For Attention:** Mr Jama Zukile Anthony Vumazonke  
**Baviaans Local Municipality:** Municipal Manager  
42 Wehmeyer Street  
Willowmore,  
6445  
Tel: 021 483 4525

**NEW APPLICATION AND DRAFT SCOPING REPORT FOR THE PROPOSED BLANCO TO DROERIVIER 400KV TRANSMISSION LINE AND SUBSTATION UPGRADE IN THE WESTERN CAPE AND THE EASTERN CAPE PROVINCES.**

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Please find herewith **1 CD** copy of the **Draft Scoping Report** for your record.

We welcome your participation and look forward to your involvement throughout this new process.

Best Regards  
Sheila Bolingo

Environmental Consultant



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[www.envirolution.co.za](http://www.envirolution.co.za)

**11 January 2017**

**For Attention:** Mr Jafta Booyens  
**Beaufort West Local Municipality:** Municipal Manager  
112 Donkin Street,  
Beaufort West  
6970  
Tel: 023 414 8020

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**11 January 2017**

**For Attention:** Mr Stefanus Jooste  
**Central Karoo District Municipality:** Municipal Manager  
63 Donkin Street,  
Beaufort West,  
6970  
Tel: 023 449 1000

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**11 January 2017**

**For Attention:** Alan Southwood

**Eastern Cape DEAET:** Environmental Officer: Specialised Production  
Collegiate Provincial Building,  
Cnr of Belmont Terrace & Castle Hill,  
Central Port Elizabeth,  
6000

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Environmental Consultant



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**[www.envirolution.co.za](http://www.envirolution.co.za)**

**11 January 2017**

**For Attention:** Mr Allen Paulse  
**Oudtshoorn Local Municipality:** Municipal Manager  
Cnr CJ Langenhoven Street & Voortrekker Road,  
Oudtshoorn,  
6620  
Tel: 044 203 3004

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**11 January 2017**

**For Attention:** Mr Henrich Mettler  
**Prince Albert Local Municipality:** Municipal Manager  
33 Church Street,  
Prince Albert,  
6930  
Tel: 023 541 1320

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**[www.envirolution.co.za](http://www.envirolution.co.za)**

**11 January 2017**

**For Attention:** Mr Ted Pillay

**Sarah Baartman District Municipality:** Municipal Manager  
32 Govan Mbeki Avenue  
Standard Bank building  
Port Elizabeth  
6001  
Tel: 041-508-7114

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Environmental Consultant





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**[www.envirolution.co.za](http://www.envirolution.co.za)**

**11 January 2017**

**For Attention:** Mr Benjamin Walton

**Cape Nature Regional Office:** Garden Route  
York Park Building  
York Street  
George  
6530

**NEW APPLICATION AND DRAFT SCOPING REPORT FOR THE PROPOSED PROJECTS:**

- (1) BLANCO TO DROERIVIER 400KV TRANSMISSION LINE AND SUBSTATION UPGRADE IN THE WESTERN CAPE AND THE EASTERN CAPE PROVINCES.**
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Environmental Consultant

Envirolution Consulting (Pty) Ltd  
Reg No 2001/029956/07  
K Govender B Sc (Hons) (Wits) Pr. Sci. Nat



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**11 January 2017**

**For Attention:** Mr. Carlo Abrahams

Department of Water and Sanitation  
Breede-Gouritz Catchment Management Agency  
51 (a) Baring Street,  
Worcester,  
6849

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**11 January 2017**

**For Attention:** Mr Godfrey Louw

**Eden District Municipality:** Municipal Manager  
54 York Street,  
George,  
6530  
Tel: 044 803 1445

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**11 January 2017**

**For Attention:** Mr Trevor Botha

**George Local Municipality:** Municipal Manager  
71 York Street,  
George,  
6530  
Tel: 044 801 9111

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**11 January 2017**

**For Attention:** Ms Shireen Pullen

Western Cape DEA&DP  
Development Management (Region 3)  
93 York Street  
George  
6529

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Please find herewith **1 CD** copy of the **Draft Scoping Report** for your record as they are no change to the previous hard copy sent to you. Please advise if your comments have remained the same or if you have additional or new comments.

Best Regards  
Sheila Bolingo

Environmental Consultant

Envirolution Consulting (Pty) Ltd  
Reg No 2001/029956/07  
K Govender B Sc (Hons) (Wits) Pr. Sci. Nat



BFN (051) 001-3600 PLZ (041) 581-3520  
 CPT (021) 555-6777 PRY (012) 548-5056  
 DUR (031) 509-3767 PTG (015) 285-0060  
 ELS (043) 751-1480 WIT (013) 697-6100  
 JNB (017) 928-8300 LON (-44) 1753-682-498  
 N/O (021) 001-7188



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B-O

ACCOUNT NO. TO BE BILLED <b>11959</b>	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE <b>2191490</b>	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender) STREET ADDRESS <b>WINTADUWANA CONSULTING</b> SUBURB <b>WINTADUWANA</b> CITY/TOWN <b>WINTADUWANA</b> CONTACT <b>1 Shreeley</b> Tel. <b>0961 44 11 89</b> E-mail		To: (Receiver) STREET ADDRESS <b>Prince Albert Local Municipality</b> SUBURB <b>PRINCE ALBERT</b> CITY/TOWN <b>PRINCE ALBERT</b> CONTACT <b>Mr Heinrich Moller</b> Tel. E-mail <b>023 541 1320</b>	

✓ R S E Q U I R E D S E R V I C E S	SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER			
	<input type="checkbox"/> SAME DAY COURIER  <input checked="" type="checkbox"/> OVERNIGHT COURIER 10H00	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)  <input type="checkbox"/> ECONOMY (42 HRS PLUS)  <input type="checkbox"/> OTHER SPECIFY	<input type="checkbox"/> SATURDAY  <input type="checkbox"/> PUBLIC HOLIDAY AFTER HOURS	SPECIAL INSTRUCTIONS   
	<input type="checkbox"/> INTERNATIONAL COURIER (DOCS)  <input type="checkbox"/> INTERNATIONAL COURIER (NOH DOCS)		<input type="checkbox"/> CROSS BORDER ECONOMY  <input type="checkbox"/> INTERNATIONAL REMAIL  VALUE FOR CUSTOMS	

CONTENTS <b>CD</b>	TOTAL PIECES <b>1</b>	TOTAL MASS (kg) <b>1</b>	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER ON LINE																												
INSURANCE: (PLEASE ✓)			DIMENSIONS (CM)				COLLECTOR'S SIGNATURE <b>[Signature]</b>																												
REQUIRED <input type="checkbox"/>	DECLARED VALUE	DECLINED <input type="checkbox"/>	NO.	L	W	H																													
WHENEVER WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY			<table border="1"> <tr> <td>1</td> <td>40</td> <td>30</td> <td>1</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>				1	40	30	1																									SIGNATURE <b>[Signature]</b> PROOF OF DELIVERY <b>K.v.d. Mesche</b> NAME <b>16/01/17</b> SIGNATURE <b>[Signature]</b> DATE <b>12/01</b> TIME
1	40	30	1																																
NAME <b>[Signature]</b> SIGNATURE <b>[Signature]</b> DATE <b>11/01/17</b> TIME			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION ID NO. <b>023 5411320</b>																												

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT

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 ELS (043) 731-1480 WIT (013) 697-6100  
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ACCOUNT NO. TO BE BILLED	11959	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191490	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	ENVIROOLUTION CONSULTING		To: (Receiver)	Eastern Cape DEAFET	
Street Address	VIETA PLACE SUITE 10		Street Address	Collegiate Provincial Building	
Suburb	MOS2 C NR WORSTER AVENUE 6 GLEN GLENANDA		Suburb	Cnr Belmont Terrace & Castle Hill	
City/Town	JOHANNESBURG	Code	City/Town	Central P.E.	Code 6000
Contact	URISHKA (Shue) Tel. 0861 44 44 25		Contact	Alan Sathwood Tel.	
E-mail			E-mail	011 505-9813	

✓ R E Q U I R E D	SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER					
	<input type="checkbox"/> SAME DAY COURIER  <input type="checkbox"/> DAWN COURIER 0900  <input checked="" type="checkbox"/> OVERNIGHT COURIER 10H30	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)  <input type="checkbox"/> ECONOMY (48 HRS PLUS)  <input type="checkbox"/> OTHER SPECIFY	<input type="checkbox"/> SATURDAY  <input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS	SPECIAL INSTRUCTIONS   		<input type="checkbox"/> INTERNATIONAL COURIER (DOCS.)  <input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS.)  <input type="checkbox"/> CROSS BORDER ECONOMY  <input type="checkbox"/> INTERNATIONAL REMAIL  <input type="checkbox"/> INTERNATIONAL AIRFREIGHT  <input type="checkbox"/> INTERNATIONAL DEFERRED COURIER
	VALUE FOR CUSTOMS					

CONTENTS	TOTAL PIECES	TOTAL MASS (kg)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS FROM SECURITY NUMBER	
CD	1	1	DIMENSIONS (CM)				DATE	
			NO.	L	W	H	12/10/17	
			1	40	30	1	15:00	
INSURANCE: (PLEASE ✓)							SIGNATURE	
REQUIRED <input type="checkbox"/> DECLARED VALUE <input type="checkbox"/>							TIME	
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY							PROOF OF DELIVERY	
Uaishu							NAME	
11/10/17							DATE	
15:00							SIGNATURE	
SIGNATURE							TIME	
			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION	
							ID NO	

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CPT (021) 555-6777  
DUR (021) 569-3767  
ELS (043) 731-1480  
JNB (011) 928-8300  
H/O (021) 001-7188

PLZ (041) 581-2520  
PRY (012) 548-5056  
PTG (015) 285-0060  
WIT (013) 687-6100  
LON (+44) 1753-682-498



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ACCOUNT NO. TO BE BILLED	11959	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191400	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	ENVIRONMENTAL CONSULTING	To: (Receiver)	Beaufort West Local Municipality		
Street Address	VISTA PLACE SUITE 111	Street Address	Municipal Manager		
Suburb	GLENANDA	Suburb	112 Donskin Street		
City/Town	JOHANNESBURG	City/Town	Beaufort West		
Contact	Ighila	Contact	Mr. Sifiso Baxons		
E-mail		E-mail	023 414-8000		

V R S E Q U I R E D	SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER					
	<input type="checkbox"/> SAME DAY COURIER	<input type="checkbox"/> NON EXPRESS DELIVERY 24-48 HRS	<input type="checkbox"/> SATURDAY	SPECIAL INSTRUCTIONS		<input type="checkbox"/> INTERNATIONAL COURIER (DOCS.)
	<input type="checkbox"/> DAWN COURIER 0600	<input type="checkbox"/> ECONOMY 48 HRS PLUS	<input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS		<input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS.)	<input type="checkbox"/> CROSS BORDER ECONOMY
	<input checked="" type="checkbox"/> OVERNIGHT COURIER 10H30	<input type="checkbox"/> OTHER SPECIFY			<input type="checkbox"/> INTERNATIONAL HEAVY	<input type="checkbox"/> INTERNATIONAL EXPRESS COURIER
					VALUE FOR CUSTOMS	
CONTENTS	TOTAL PIECES	TOTAL MASS (kg)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY			
CO	1	1	DIMENSIONS (CM)			
			NO.	L	W	H
			1	40	30	1
INSURANCE: (PLEASE ✓)			EXPRESS TRACK SECURITY NUMBER			
REQUIRED <input type="checkbox"/> DECLARED VALUE <input type="checkbox"/>			ON LP OF			
			COLLECTOR'S SIGNATURE			
			SIGNATURE			
OWNERS (SK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED)			PROOF OF DELIVERY			
COMPLETED BY			NAME			
Christina			S. Munn			
			SIGNATURE			
			DATE			
			13-01-17			
			TIME			
			11:35			
			CONFIRMED SECURITY TRACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION			
			ID NO.			

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VAT NO. 4120-95526



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ACCOUNT NO. TO BE BILLED	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	NOTE: R.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	To: (Receiver)		
Street Address	Street Address		
Suburb	Suburb		
City/Town	City/Town		
Contact	Contact		
E-mail	E-mail		

**SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER**

<b>REQUIRED</b>	<b>DOMESTIC</b>	<input type="checkbox"/> SAME DAY COURIER	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)	<input type="checkbox"/> SATURDAY	<b>SPECIAL INSTRUCTIONS</b>	<b>INTERNATIONAL</b>	<input type="checkbox"/> INTERNATIONAL COURIER (DOCS.)	<input type="checkbox"/> CROSS BORDER ECONOMY	<input type="checkbox"/> INTERNATIONAL AIRFREIGHT
		<input type="checkbox"/> DAWN COURIER 05H00	<input type="checkbox"/> ECONOMY (48 HRS PLUS)	<input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS			<input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS.)	<input type="checkbox"/> INTERNATIONAL REMAIL	<input type="checkbox"/> INTERNATIONAL DEFERRED CARRIER
		<input checked="" type="checkbox"/> OVERNIGHT COURIER 18H30	<input type="checkbox"/> OTHER SPECIFY				<b>VALUE FOR CUSTOMS</b>		

CONTENTS CD	TOTAL PIECES 1	TOTAL MASS (kg) 1	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER ONLY IF APPLICABLE	
INSURANCE: (PLEASE ✓) REQUIRED <input type="checkbox"/> DECLARED VALUE R <input type="text"/> <input type="checkbox"/> DECLINED <input type="checkbox"/>			DIMENSIONS (CM)				COLLECTOR'S SIGNATURE	DATE
			NO.	L	W	H		TIME
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY			1	60	30	1	SIGNATURE	PROOF OF DELIVERY
NAME Charles							TESSA	19/04/17
DATE 11/01/17							NAME	DATE
SIGNATURE 							SIGNATURE	TIME
TIME 15:00			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION	
							ID NO. 0449231004	

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT.

BFN (051) 001-3600  
CPT (021) 555-6777  
DUR (031) 569-3767  
ELS (043) 731-1480  
JNB (011) 928-8300  
H/O (021) 001-7188

PLZ (041) 581-8520  
PRY (012) 548-5056  
PTG (015) 285-0060  
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B-20

ACCOUNT NO. TO BE BILLED	11999	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191490	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	SWAD CONSULTING		To: (Receiver)	Oudtshoorn Local Municipality	
Street Address	VISTA PLACE SUITE 14 & 2		Street Address	Municipal Manager	
Suburb	1055 E. VAN VOORTER AVENUE, GLEN ELEPHANT		Suburb	Cnr CJ Langenhoven Street &	
City/Town	JONHANNESBURG	Code	City/Town	Voorrekker Road	Code
Contact	1 Sheila	Tel. 0800 44 44 29	Contact	Oudtshoorn	Tel.
E-mail			E-mail	Mr Allen Paelge	044 203-3004

✓ R S E Q U I R E D	DOMESTIC	<input type="checkbox"/> SAME DAY COURIER	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)	<input type="checkbox"/> SATURDAY	SPECIAL INSTRUCTIONS	<input type="checkbox"/> INTERNATIONAL COURIER (DOCS)	<input type="checkbox"/> CROSS BORDER ECONOMY	<input type="checkbox"/> INTERNATIONAL AIR FREIGHT
		<input type="checkbox"/> DAWN COURIER 08H00	<input type="checkbox"/> ECONOMY (48 HRS PLUS)	<input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS		<input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS)	<input type="checkbox"/> INTERNATIONAL REMARK	<input type="checkbox"/> INTERNATIONAL DEFERRED COURIER
		<input checked="" type="checkbox"/> OVERNIGHT COURIER 10H30	<input type="checkbox"/> OTHER SPECIFY			VALUE FOR CUSTOMS		

CONTENTS	TOTAL PIECES	TOTAL MASS (kg)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER ON LIP OF FLYER	
LD	1	1	DIMENSIONS (CM)				COLLECTED BY COURIERIT	
			NO.	L	W	H	11/1/17	
			1	40	30	1	15:40	
INSURANCE: (PLEASE ✓)							SIGNATURE	
REQUIRED <input type="checkbox"/>	DECLARED VALUE	R					PROOF OF DELIVERY	
							11/01/17	
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED							DATE	
COMPLETED BY							18:00	
NAME							TIME	
SIGNATURE								
			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION	
			ID NO.					

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ACCOUNT NO. TO BE BILLED	11955	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191490	NOTE: PO. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	ENVIRONMENTAL CONSULTING		To: (Receiver)	Central Karoo District Municipality	
Street Address	VICTA PLACE SUITE 11 & 2		Street Address	Municipal Manager	
Suburb	JOHANNESBURG		Suburb	63 Donkin Street	
City/Town	JOHANNESBURG		City/Town	Durban West	
Contact	1 Sheila		Contact	Mr Stefanus Jooste	
E-mail			E-mail	023 54 1320	

**SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER**

✓ RE SER VIC ED	<input type="checkbox"/> SAMEDAY COURIER	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)	<input type="checkbox"/> SATURDAY	SPECIAL INSTRUCTIONS	<input type="checkbox"/> INTERNATIONAL COURIER (DOCS.)	<input type="checkbox"/> CROSS BORDER ECONOMY	<input type="checkbox"/> INTERNATIONAL AIRFREIGHT
	<input type="checkbox"/> DAWN COURIER 09H00	<input type="checkbox"/> ECONOMY (48 HRS P+US)	<input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS		<input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS.)	<input type="checkbox"/> INTERNATIONAL REMAIL	<input type="checkbox"/> INTERNATIONAL DEFERRED COURIER
<input checked="" type="checkbox"/> OVERNIGHT COURIER 19H30	<input type="checkbox"/> OTHER SPECIFY				VALUE FOR CUSTOMS		

CONTENTS	TOTAL PIECES	TOTAL MASS (kg)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER	
30	1	1	DIMENSIONS (CM)				ON WP OF FLYER	
			NO.	L	W	H	CONFIRMATION NUMBER	
			1	40	30	1		
INSURANCE: (PLEASE ✓)							SIGNATURE	11/1/17 DATE
REQ. RED	<input type="checkbox"/> DECLARED VALUE	<input type="checkbox"/> DECLINED					PROOF OF DELIVERY	15/1/17 TIME
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY							SIGNATURE	11/1/17 DATE
NAME 11/1/17 DATE							SIGNATURE	11/1/17 DATE
SIGNATURE			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION ID NO. 9503110139050	

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 DUR (031) 569-3767 PTG (015) 285-0060  
 ELS (043) 731-1480 WIT (013) 697-6100  
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ACCOUNT NO. TO BE BILLED	ENVIROOLUTION	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	291490	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	VISTA PLACE SUITE 1a & 2		To: (Receiver)	Sarah Bantman District Municipality	
Street Address	NOS2 C NR VORSTER AVENUE 1 GLEN SLENANDA		Street Address	Municipal Manager	
Suburb	JOHANNESBURG		Suburb	32 Groot Moed, Ave	
City/Town	URUTSHRA	Code 2013	City/Town	Standard Bank Building	Code 6000
Contact	Tel.		Contact	Port El. Scholtz	
E-mail			E-mail	Ted Pilley 041 508 - 7114	

✓ R S E R V I C E D	SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER										
	<input type="checkbox"/> SAME DAY COURIER <input type="checkbox"/> DAWN COURIER 06H00 <input checked="" type="checkbox"/> OVERNIGHT COURIER 10H30			<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS) <input type="checkbox"/> ECONOMY (48 HRS PLUS) <input type="checkbox"/> OTHER SPECIFY			<input type="checkbox"/> SATURDAY <input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS			SPECIAL INSTRUCTIONS	INTERNATIONAL
	<input type="checkbox"/> INTERNATIONAL COURIER (DOCS.) <input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS.)			<input type="checkbox"/> CROSS BORDER ECONOMY <input type="checkbox"/> INTERNATIONAL REMAIL			<input type="checkbox"/> INTERNATIONAL AIRFREIGHT <input type="checkbox"/> INTERNATIONAL DEFERRED COURIER				
VALUE FOR CUSTOMS											

CONTENTS	TOTAL PIECES	TOTAL MASS (KG)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER	
CO	1	1	DIMENSIONS (CM)				ON LIP OF FLYER	
			NO.	L	W	H	COLLECTOR/COURIERIT	
			1	40	30	1	11/1/17	
INSURANCE: (PLEASE ✓)							DATE	
REQUIRED <input type="checkbox"/> DECLARED VALUE <input type="checkbox"/>							15:40	
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED							SIGNATURE	
COMPLETED BY							PROOF OF DELIVERY	
NAME							Buyiswa	
DATE							NAME	
11/01/17							12/01/2017	
SIGNATURE							SIGNATURE	
15:00							10h30	
			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION	
			ID NO					

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ACCOUNT NO. TO BE BILLED	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE 2191940	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	To: (Receiver)		
Street Address	Street Address		
Suburb	Suburb		
City/Town	City/Town		
Contact	Contact		
E-mail	E-mail		

From: (Sender) Sheila Tel. 051 42 60 00  
 To: (Receiver) W. Cape DEA & DP Development Management (Region 3) 93 York Street George Contact Shiraz Pullen Tel. 044 60 58 60 00

YES SE QUI R E D DOMESTIC OVERNIGHT COURIER 10H30	SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER		SPECIAL INSTRUCTIONS		INTERNATIONAL COURIER (DDCS) <input type="checkbox"/> CROSS BORDER ECONOMY <input type="checkbox"/> INTERNATIONAL AIRFREIGHT <input type="checkbox"/> INTERNATIONAL COURIER (NON DDCS) <input type="checkbox"/> INTERNATIONAL REMAIL <input type="checkbox"/> INTERNATIONAL DEFERRED COURIER <input type="checkbox"/>	
	<input type="checkbox"/> SAMEDAY COURIER <input type="checkbox"/> DAWN COURIER 09H00 <input checked="" type="checkbox"/> OVERNIGHT COURIER 10H30	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS) <input type="checkbox"/> ECONOMY (48 HRS PLUS) <input type="checkbox"/> OTHER SPECIFY	<input type="checkbox"/> SATURDAY <input type="checkbox"/> PUBLIC HOLIDAY/AFTER HOURS			
CONTENTS CO	TOTAL PIECES 2	TOTAL MASS (kg) 1	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY DIMENSIONS (CM) NO. L W H 1 40 30 1			EXPRESS PACK NUMBER 14/1/17 DATE 15/1/17
INSURANCE: (PLEASE ✓) REQUIRED <input type="checkbox"/> DECLARED VALUE R <input type="checkbox"/> DECLINED <input type="checkbox"/>			PROOF OF DELIVERY NAME RABECCA SIGNATURE DATE 12/01/17 TIME 9:20			
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY NAME DATE 15-01-17 TIME			CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION ID NO.			

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT



BFN (051) 001-3600 PLZ (041) 581-8520  
 CPT (021) 555-6777 PRY (012) 548-5056  
 DUR (031) 569-3767 PTO (015) 285-0060  
 ELS (043) 731-1480 WIT (013) 697-6100  
 JNB (011) 128-8300 LON (+44) 1753-682-498  
 N/O (021) 001-7188



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ACCOUNT NO. TO BE BILLED	11111	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191490	NOTE: PO. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	JUNTA PLACE SUITE 1 & 2 SUNLANDA		To: (Receiver)	Cape Nature Regional Office, Garden Park	
Street Address			Street Address	York Park Building	
Suburb			Suburb	York Street	
City/Town	George		City/Town	George	
Contact	Tel. 082 414 0064		Contact	Mr Benjamin Walbon	
E-mail			E-mail	082 414 0064	

✓ R E Q U I R E D  D O M E S T I C	SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER						
	<input type="checkbox"/> SAME DAY COURIER	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)	<input type="checkbox"/> SATURDAY	SPECIAL INSTRUCTIONS		<input type="checkbox"/> INTERNATIONAL COURIER (DCCS)	
	<input type="checkbox"/> DAWN COURIER (0600)	<input type="checkbox"/> ECONOMY (48 HRS PLUS)	<input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS			<input type="checkbox"/> CROSS BORDER ECONOMY	<input type="checkbox"/> INTERNATIONAL AIRFREIGHT
	<input checked="" type="checkbox"/> OVERNIGHT COURIER (1800)	<input type="checkbox"/> OTHER SPECIFY				<input type="checkbox"/> INTERNATIONAL COURIER (NON DCCS)	<input type="checkbox"/> INTERNATIONAL REMAIL
						VALUE FOR CUSTOMS	

CONTENTS	TOTAL PIECES	TOTAL MASS (kg)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER	
CN	1	1	DIMENSIONS (CM)				ON LID OF FLYER	
			NO.	L	W	H	COLLECTOR'S SIGNATURE	
			1	40	30	1		
INSURANCE: (PLEASE ✓)							SIGNATURE	11/1/17 DATE 15:40 TIME
REQUIRED <input type="checkbox"/> DECLARED VALUE <input type="checkbox"/>							PROOF OF DELIVERY	
OWNER'S RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY							CHARLONÉ NAME DATE 9:30 TIME	
Uganda NAME DATE 11/01/17 TIME							SIGNATURE	
SIGNATURE			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				CONFIRMED SECURITY	PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION
							ID	
							NO.	

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT



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 CPT (021) 555-6777 PRY (012) 548-5056  
 OUR (031) 569-3767 PTG (015) 285-0060  
 ELS (043) 731-1480 WIT (013) 697-6100  
 JNB (011) 928-8300 LDN (+44) 1753-682-498  
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ACCOUNT NO. TO BE BILLED	11050	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191490	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	ENVIRONMENTAL CONSULTING		To: (Receiver)	Dip. Woodard Sanitation - Breede Caring	
Street Address	VISTA PLACE SUITE 12-12		Street Address	Cachment Management Agency	
Suburb	H052 C. HR. WORSTER AVENUE A. GLEN		Suburb	51 (a) Baring Street	
City/Town	GLENANDA		City/Town	Worcester	
Contact	URI SHKA		Contact	Mr Carlo Abrahams	
E-mail	0861 44 44 99		E-mail	078 467 4260	

✓ RE SE Q U I R E D	SHOULD NO SERVICE BE SELECTED. COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER												
	<input type="checkbox"/> SAME DAY COURIER <input type="checkbox"/> DAWN COURIER 0500 <input checked="" type="checkbox"/> OVERNIGHT COURIER 1800		<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS) <input type="checkbox"/> ECONOMY (48 HRS PLUS) <input type="checkbox"/> OTHER SPECIFY		<input type="checkbox"/> SATURDAY <input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS								
SPECIAL INSTRUCTIONS													
<input type="checkbox"/> INTERNATIONAL COURIER (DOC.) <input type="checkbox"/> INTERNATIONAL COURIER (NON DOC.) <input type="checkbox"/> CROSS BORDER ECONOMY <input type="checkbox"/> INTERNATIONAL REMAIN <input type="checkbox"/> INTERNATIONAL AIRFREIGHT <input type="checkbox"/> INTERNATIONAL DEFERRED COURIER													
VALUE FOR CUSTOMS													
CONTENTS		TOTAL PIECES	TOTAL MASS (KGS)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY									
CD		1	1	DIMENSIONS (CM)									
INSURANCE: (PLEASE ✓)		<table border="1"> <thead> <tr> <th>NO.</th> <th>L</th> <th>W</th> <th>H</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>40</td> <td>30</td> <td>1</td> </tr> </tbody> </table>				NO.	L	W	H	1	40	30	1
NO.	L	W	H										
1	40	30	1										
REQUIRED <input type="checkbox"/> DECLARED VALUE <input type="checkbox"/>		EXPRESS PICK UP NUMBER ON LIP OF COLLECTION REPRESENTATIVE SIGNATURE PROOF OF DELIVERY NAME DATE TIME CONFIRMED SECURITY PICK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION ID NO.											
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED		DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS											
COMPLETED BY		NAME DATE TIME											

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT.

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 CPT (021) 555-6777 PRY (012) 548-5056  
 DUR (031) 569-3767 PTG (015) 285-0060  
 ELS (043) 731-1480 WIT (013) 697-6100  
 JNB (011) 928-8300 LON (-44) 1753-682-498  
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ACCOUNT NO. TO BE BILLED	19889	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE	2191490	NOTE: PO. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	VINTA PLACE SUITE 12 42		To: (Receiver)	George local Municipality	
Street Address	VINTA PLACE SUITE 12 42		Street Address	Municipal Manager	
Suburb	GLENHARD		Suburb	71 York Street	
City/Town	JHB		City/Town	George	
Contact	Ighala		Contact	Mr Trevor Botha	
E-mail			E-mail	044 801-9111	

✓ REQUIRED DOMESTIC	SHOULD NO SERVICE BE SELECTED. COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER					
	<input type="checkbox"/> SAME DAY COURIER	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS)	<input type="checkbox"/> SATURDAY	SPECIAL INSTRUCTIONS		<input type="checkbox"/> INTERNATIONAL COURIER (DOCS)
<input type="checkbox"/> DAWN COURIER 6000	<input type="checkbox"/> ECONOMY (48 HRS PLUS)	<input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS	<input type="checkbox"/> CROSS BORDER ECONOMY			<input type="checkbox"/> INTERNATIONAL AIRFREIGHT
<input checked="" type="checkbox"/> OVERNIGHT COURIER 10000	<input type="checkbox"/> OTHER SPECIFY			<input type="checkbox"/> INTERNATIONAL COURIER (NON DOCS)	<input type="checkbox"/> INTERNATIONAL REMAIL	<input type="checkbox"/> INTERNATIONAL DEFERRED COURIER
VALUE FOR CUSTOMS						
CONTENTS	TOTAL PIECES	TOTAL MASS (Kgs)	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY			
1	CD	1	DIMENSIONS (CM)			
			NO.	L	W	H
			1	40	30	1
INSURANCE: (PLEASE ✓)			EXPRESS TRACK SECURITY NUMBER			
REQUIRED <input type="checkbox"/>	DECLARED VALUE R	DECLINED <input type="checkbox"/>	ON LIP OF COVER			
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED			COLLECTOR'S SIGNATURE			
COMPLETED BY			SIGNATURE			
Ugishu			T. Arendse			
11/01/17			PROOF OF DELIVERY			
DATE			NAME			
SIGNATURE			SIGNATURE			
TIME			DATE			
			9:05			
			TIME			
			CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION			
			ID NO.			

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT

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 CPT (021) 555-6777 PRY (012) 543-5056  
 DUR (031) 569-3767 PTG (015) 285-0060  
 ELS (043) 31-1480 WIT (013) 697-6100  
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ACCOUNT NO. TO BE BILLED	NOTE: THE SENDER SHALL REMAIN LIABLE FOR PAYMENT	SHIPPER'S REFERENCE 219 1490	NOTE: P.O. BOX ADDRESSES NOT ACCEPTED
From: (Sender)	To: (Receiver)	Eden District Municipality	
Street Address	Street Address	Municipal Manager	
Suburb	Suburb	54 York Street	
City/Town	City/Town	George.	
Contact	Contact	Mr Godfrey Louw	
E-mail	E-mail	044 803-1445	

**SHOULD NO SERVICE BE SELECTED, COURIERIT RESERVES THE RIGHT TO MARK THE SERVICE OVERNIGHT COURIER OR INTERNATIONAL COURIER**

<input type="checkbox"/> SAMEDAY COURIER <input type="checkbox"/> DAWN COURIER 09H00 <input checked="" type="checkbox"/> OVERNIGHT COURIER 19H30	<input type="checkbox"/> NON EXPRESS DELIVERY (24 - 48 HRS) <input type="checkbox"/> ECONOMY (48 HRS PLUS) <input type="checkbox"/> OTHER SPECIF	<input type="checkbox"/> SATURDAY <input type="checkbox"/> PUBLIC HOLIDAY/ AFTER HOURS	SPECIAL INSTRUCTIONS   	<input type="checkbox"/> INTERNATIONAL COURIER (DMS) <input type="checkbox"/> INTERNATIONAL COURIER (NON DMS) <input type="checkbox"/> CROSS BORDER ECONOMY <input type="checkbox"/> INTERNATIONAL REMAIL <input type="checkbox"/> INTERNATIONAL AIRFREIGHT <input type="checkbox"/> INTERNATIONAL DEFERRED COURIER
---	--	--	----------------------------------	--

VALUE FOR CUSTOMS

CONTENTS CS	TOTAL PIECES 1	TOTAL MASS (kg) 1	COURIER SERVICES APPLY TO MAJOR CENTRES ONLY				EXPRESS PACK SECURITY NUMBER ON LINE (BYE)	11/1/17 DATE 8:40 TIME							
INSURANCE (PLEASE ✓) REQUIRED <input type="checkbox"/> DECLARED VALUE R <input type="checkbox"/> DECLINED <input type="checkbox"/>			DIMENSIONS (CM) <table border="1"> <tr> <th>NO.</th> <th>L</th> <th>W</th> <th>H</th> </tr> <tr> <td>1</td> <td>40</td> <td>30</td> <td>1</td> </tr> </table>				NO.		L	W	H	1	40	30	1
NO.	L	W	H												
1	40	30	1												
OWNERS RISK WILL APPLY IF THIS INSURANCE SECTION IS PARTIALLY OR NOT COMPLETED COMPLETED BY			DIMENSIONS GENERATED BY SWAD MACHINE SUPERSEDE MANUAL DIMENSIONS				SIGNATURE  NAME PROOF OF DELIVERY NAME DATE 12/01/17 TIME 09:19								

CONFIRMED SECURITY PACK NUMBER AND RECEIVED IN GOOD ORDER AND CONDITION  
 ID NO.

PLEASE NOTE: TERMS ARE STRICTLY 30 DAYS. I AGREE TO BE BOUND BY THE STANDARD CONDITIONS OF CARRIAGE WHICH APPEAR ON THE REVERSE SIDE OF THIS DOCUMENT



PO Box 1898 Sunninghill 2157  
Vista Place Suite 1a & 2  
No 52, Cnr Vorster Avenue & Glen Avenue  
Glenanda  
Tel: 0861 44 44 99  
Fax: 0861 626 222  
Email: info@envirolution.co.za  
[www.envirolution.co.za](http://www.envirolution.co.za)

## **DELIVERY NOTE: Acknowledgement of Receipt**

**PROJECT NAME:** THE PROPOSED GOURIKWA TO BLANCO 400KV TRANSMISSION  
LINE AND SUBSTATION UPGRADE IN THE WESTERN CAPE PROVINCE

**DEA Reference:** New application form

**CONTENTS:** APPLICATION FORM AND DRAFT SCOPING REPORT

**NUMBER OF COPIES:** Application Form: 2 hard copy and 1 CD  
Draft Scoping Report: 2 hard copies and 2 CDs

**DELIVER TO:** Department of Environmental Affairs

**Attention:** Mr Sabelo Malaza  
Environment House  
473 Steve Biko  
Arcadia, 0083  
Tel 012 3921374

**RECEIVED BY:**

*Sabelo Malaza*

(Print Name)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

FOR OFFICE USE:

### **DELIVERED BY**

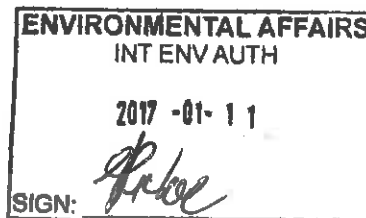
**COURIER COMPANY:**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

### **STAMP**



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Environment House  
473 Steve Biko  
Arcadia, 0083  
Tel 012 3921374

**RECEIVED BY:** Sello Phiso Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

FOR OFFICE USE:

**DELIVERED BY**

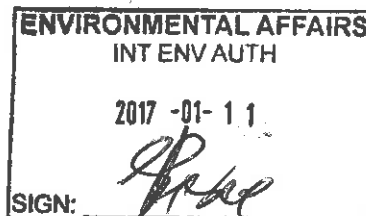
**COURIER COMPANY:**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**STAMP**



## **DELIVERY NOTE: Acknowledgement of Receipt**

**PROJECT NAME:** 1) THE PROPOSED GOURIKWA TO BLANCO 400KV TRANSMISSION  
LINE AND SUBSTATION UPGRADE IN THE WESTERN CAPE PROVINCE  
2) PROPOSED BLANCO TO DROERIVIER 400KV TRANSMISSION LINE  
AND SUBSTATION UPGRADE IN THE WESTERN CAPE AND THE  
EASTERN CAPE PROVINCES.

**DEA Reference:** New application form

**CONTENTS:** DRAFT SCOPING REPORT

**NUMBER OF COPIES:** 1 hard copy, 1 CD for each project

**DELIVER TO:** Department of Environmental Affairs: Biodiversity Directorate:

**Attention:** Mr Stanley Tshitwamulomi  
Environment House  
473 Steve Biko  
Arcadia, 0083  
Tel 012 3921374

**RECEIVED BY:**

*Sello Phisoa*  
(Print Name)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

FOR OFFICE USE:

**DELIVERED BY**

**COURIER COMPANY:**

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**STAMP**

