

2019/022/0013/4

04/12/89 Actual

7.12.89

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:..... Wiseman Goldenway

DEPARTMENT OF REQUISITIONER:..... Communication

NAME OF VISITOR:..... Miss Pansy Tali AREA/REGION OF DEPARTURE
..... Johannesburg /

ADDRESS (HOME):..... 4838 Zone 6
..... Meadowlands
..... P.O. Meadowlands

OCCUPATION:..... Student

AGE:..... 14 years

DATE OF EXPECTED ARRIVAL:..... 20 / 12 / 89

DURATION OF STAY:..... One week

POINT OF ENTRY:..... Kazangula Ferry

PURPOSE OF VISIT:..... Family Reunion

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:..... [Signature]

..... DATE:..... 6 / 12 / 89

FINAL APPROVAL BY S.G.O.:..... H.C. Mahgothi /

DECLARATION.

I..... Wiseman Goldenway shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:..... [Signature] Date:..... 4 / 12 / 89

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:.....Wiseman Goldenway.....

DEPARTMENT OF REQUISITIONER:.....Communication.....

NAME OF VISITOR:.....Miss. Pansy Tali.....AREA/REGION OF DEPARTURE
.....Johannesburg...../.....

ADDRESS (HOME):.....483^B Zone 6.....
.....Meadowlands.....
.....P.O. Meadowlands.....

OCCUPATION:.....Student.....

AGE:.....14 years.....

DATE OF EXPECTED ARRIVAL:.....20...../.....12...../.....89.....

DURATION OF STAY:.....One week.....

POINT OF ENTRY:.....Kazangula Ferry.....

PURPOSE OF VISIT:.....Family reunion.....

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:.....[Signature].....

.....DATE:.....6...../.....12...../.....89.....

FINAL APPROVAL BY S.G.O.:.....H.B. Makgathi...../...../.....

DECLARATION.

I.....Wiseman Goldenway.....shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accomodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:.....[Signature].....Date:.....4...../.....12...../.....89.....

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:..... WISEMAN GOLDENWAY

DEPARTMENT OF REQUISITIONER:..... COMMUNICATION

NAME OF VISITOR:..... MISS PANSY JALI AREA/REGION OF DEPARTURE

..... JOHANNESBURG /

ADDRESS (HOME):..... 483^B ZONE 6

..... MEADOWLANDS

..... P.O. MEADOWLANDS

OCCUPATION:..... STUDENT

AGE:..... 14 YEARS

DATE OF EXPECTED ARRIVAL:..... 20 / 12 / 89

DURATION OF STAY:..... ONE WEEK

POINT OF ENTRY:..... KAZANGULA FERRY

PURPOSE OF VISIT:..... FAMILY REUNION

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:..... Melike

..... DATE:..... 6 / 12 / 89

FINAL APPROVAL BY S.G.O.:..... H.G. Mahgothi /

DECLARATION.

I..... WISEMAN GOLDENWAY shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:..... W. Goldenway Date:..... 04 / 12 / 89

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:.....Wiseman Goldenway.....

DEPARTMENT OF REQUISITIONER:.....Communication.....

NAME OF VISITOR:.....Mrs. Violet Tshi.....AREA/REGION OF DEPARTURE

.....Johannesburg...../.....

ADDRESS (HOME):.....4838 Zone 6.....

.....Meadowlands.....

.....P.O. Meadowlands.....

OCCUPATION:.....Domestic Worker.....

AGE:.....54 years.....

DATE OF EXPECTED ARRIVAL:.....20...../.....12...../.....89.....

DURATION OF STAY:.....One week.....

POINT OF ENTRY:.....Kazangula Ferry.....

PURPOSE OF VISIT:.....Family reunion.....

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:.....[Signature].....

.....DATE:.....6...../.....12...../.....89.....

FINAL APPROVAL BY S.G.O.:.....H.G. Mangochi...../...../.....

DECLARATION.

I.....Wiseman Goldenway.....shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accomodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:.....[Signature].....Date:.....4...../.....12...../.....89.....

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER: WISEMAN GOLDENWAY

DEPARTMENT OF REQUISITIONER: Communication

NAME OF VISITOR: Mrs. Violet Jali AREA/REGION OF DEPARTURE

Johannesburg /

ADDRESS (HOME): 4838 Zone 6

Meadowlands

P.O. Meadowlands

OCCUPATION: Domestic Worker

AGE: 54 years

DATE OF EXPECTED ARRIVAL: 20 / 12 / 89

DURATION OF STAY: One week

POINT OF ENTRY: Kazangula Ferry

PURPOSE OF VISIT: Family reunion

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY: [Signature]

DATE: 6 / 12 / 89

FINAL APPROVAL BY S.G.O.: H.G. Mphahlele / /

DECLARATION.

I, Wiseman Goldenway shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature: [Signature] Date: 4 / 12 / 89

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:.....WISEMAN GOLDENWAY.....

DEPARTMENT OF REQUISITIONER:.....COMMUNICATION.....

NAME OF VISITOR:.....Mrs. Violet Tali.....AREA/REGION OF DEPARTURE

.....Johannesburg...../.....

ADDRESS (HOME):.....4838 Zone 6.....

.....Meadowlands.....

.....P.O. Meadowlands.....

OCCUPATION:.....Domestic Worker.....

AGE:.....54 years.....

DATE OF EXPECTED ARRIVAL:.....20...../.....12...../.....89.....

DURATION OF STAY:.....One week.....

POINT OF ENTRY:.....Kazangula Ferry.....

PURPOSE OF VISIT:.....Family reunion.....

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:.....Malefe.....

.....DATE:.....6...../.....12...../.....89.....

FINAL APPROVAL BY S.G.O.:.....H.G. Mangothu...../...../.....

DECLARATION.

I.....Wiseman Goldenway.....shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:.....Wiseman Goldenway.....Date:.....6...../.....12...../.....89.....

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER: Wiseman Goldenway

DEPARTMENT OF REQUISITIONER: Communication

NAME OF VISITOR: Mrs. Gladys Moloi AREA/REGION OF DEPARTURE
Johannesburg /

ADDRESS (HOME): Zone 9

Meadowlands

P.O. Meadowlands

OCCUPATION: Textile Worker

AGE: 56 years

DATE OF EXPECTED ARRIVAL: 20 / 12 / 89

DURATION OF STAY: One week

POINT OF ENTRY: Kazangula Ferry

PURPOSE OF VISIT: Family reunion

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY: Molefe

DATE: 6 / 12 / 89

FINAL APPROVAL BY S.G.O.: H.G. Mahgothi

DECLARATION.

I, Wiseman Goldenway shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature: Wiseman Goldenway Date: 4 / 12 / 89

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:.....Wiseman Goldenway.....

DEPARTMENT OF REQUISITIONER:.....Communication.....

NAME OF VISITOR:.....Mrs. Gladys Moloe.....AREA/REGION OF DEPARTURE
.....Johannesburg...../.....

ADDRESS (HOME):.....Zone 9.....

.....Meadowlands.....

.....P.O. Meadowlands.....

OCCUPATION:.....Textile worker.....

AGE:.....56 years.....

DATE OF EXPECTED ARRIVAL:.....20...../12...../89.....

DURATION OF STAY:.....One week.....

POINT OF ENTRY:.....Kazangula Ferry.....

PURPOSE OF VISIT:.....Family reunion.....

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:.....[Signature].....

.....DATE:.....6...../12...../89.....

FINAL APPROVAL BY S.G.O.:.....H.G. Mangothi...../...../.....

DECLARATION.

I.....Wiseman Goldenway.....shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:.....[Signature].....Date:.....4...../12...../89.....

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM

(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER:.....Wiseman Goldenway.....

DEPARTMENT OF REQUISITIONER:.....Communication.....

NAME OF VISITOR:.....Mrs. Gladys Maloi.....AREA/REGION OF DEPARTURE
.....Johannesburg...../.....

ADDRESS (HOME):.....Zone 9.....

.....Meadowlands.....

.....P.O. Meadowlands.....

OCCUPATION:.....Textile Worker.....

AGE:.....56.....

DATE OF EXPECTED ARRIVAL:.....20...../12...../89.....

DURATION OF STAY:.....One week.....

POINT OF ENTRY:.....Kazangula Ferry.....

PURPOSE OF VISIT:.....Family reunion.....

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY:.....Malek.....

.....DATE:.....6...../12...../89.....

FINAL APPROVAL BY S.G.O.:.....H.G. Mahgothi...../...../.....

DECLARATION.

I.....Wiseman Goldenway.....shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature:.....Wiseman Goldenway.....Date:.....4...../12...../89.....