

RECEIPT NUMBER

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FOR WHAT PURPOSE IS LETTER REQUIRED

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CONTACT NUMBER

.....

POSTAL ADDRESS

.....

NAME AND SURNAME

.....

IDENTITY NUMBER

.....

TEL: 033-8455016

FAX: 086 7515 432

CONTACT: MRS SINGH

APPLICATION FOR NON-IMPEDIMENT LETTER

Private Bag X 9073, Pietermaritzburg, 3200. Tel (033) 8455024, Fax (033) 3420798.
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