nelson mandela bay
MUNICIPALITY

Port Elizabeth|Uitenhage|Despatch
PO Box 834
6000
Tel: 0800 20 5050

RECEIPT

Location: ETB
Cashier: Ntamo, F
Machine: 22 **Pay: Bank Deposit**
Date: 2025-05-26 14:00

Receipt	Reference	Amount
222274	1044206764	R 11 596,20
	(Building Plan Fees)	
222275	1044206764	R 871,00
	(Building Plan Fees)	
222276	1044812875	R 4 969,80
	(Inspection Fees : Statut)	
	Total	R 17 437,00
	Less Amount Tendered	R 17 437,00
	Change	R 0,00

nelson mandela bay
MUNICIPALITY

Port Elizabeth|Uitenhage|Despatch
PO Box 834
6000
VAT No.: 4490193473
Tel: 0800 20 5050

TAX INVOICE

Location: ETB
Cashier: Ntamo, F
Machine: 22 **Pay: Bank Deposit**
Date: 2025-05-26 14:00

CUSTOMER
Name: BLACKHOUND ARCHTECTURAL
Address: UNIT 10,9 CACTUS RD FAIRVIEW 36-136
Tel.No.: 0724186867
VatNo:
Reference: Y 2209

Invoice	Reference		Amount
20250526-222274	1044206764	VAT @ 15.00%	R 11 596,20
	(Building Plan Fees)		
20250526-222275	1044206764	VAT @ 15.00%	R 871,00
	(Building Plan Fees)		
20250526-222276	1044812875	VAT @ 15.00%	R 4 969,80
	(Inspection Fees : Statut)		
	Total		R 17 437,00

Dewalt Potgieter

P.O. BOX 834
POSBUS
PORT ELIZABETH
6000
TEL: 506 1911

NELSON MANDELA BAY MUNICIPALITY
NELSON MANDELABAAI MUNISIPALITEIT

TAX INVOICE
BELASTINGFAKTUUR

Y 2209

VAT/BTW REG. NO.
4490193473

NAME/NAAM Blackhound Architectural 072 418 6867

ADDRESS/ADRES Unit 10, 9 Cactus Rd Fairview 36-136

DATE/DATUM 23/05/2025

FEES VAT INCLUDED / GELDE BTW INGESLUIT	R	C	VOTE NO. / POSNO.
BUILDING BOUGELDE	11 596	20	1 0 4 4 2 0 6 7 6 4
DRAINAGE DREINERING	4 969	80	1 0 4 4 8 1 2 8 7 5
OCCUPANCY CERTIFICATE	871	00	1 0 4 4 2 0 6 7 6 4
TOTAL VAT INCLUDED TOTAAL BTW INGESLUIT	17 437	00	

RECEIPT VALID ONLY IF PRINTED BY OFFICIAL CASH RECEIPTING MACHINE.
KWITANSIE GELDIG ALLEENLIK INDIEN DEUR AMPTELIKE KONTANTONTVANGSMASJIEN GEDRUK.

ONLY OFFICIAL RECEIPTS ARE RECOGNISED AS A DISCHARGE OF DEBT.
SLEGS AMPTELIKE KWITANSIES WORD ERKEN AS 'N DELGING VAN SKULD.

BUILDING INSPECTORATE AND DRAINAGE FEES
BOUE- EN DREINERINGSGELDE

UPON DISCHARGE OF DEBT, PLEASE COMPLETE THE DETAILS REQUIRED ALONGSIDE

RECEIPT NO. KWITANSIENO.	DATE DATUM
222274	
75	
76	