
**CURRICULUM VITAE
OF
MORWACHIUPJANE LAWRENCE MAMAKOA**

PERSONAL DETAILS

SURNAME	: Mamakoa
FULL NAME(S)	: Morwachiupjane Lawrence
DATE OF BIRTH	: 15 Jan 1978
IDENTITY NUMBER	: 780115 6104 089
GENDER	: Male
NATIONALITY	: South African
STATE OF HEALTH	: Good
HOME LANGUAGE	: Sepedi
OTHER LANGUAGE(S)	: English
CRIMINAL RECORD	: None

CONTACT DETAILS

CONTACT NUMBER	: 079 455 9878
RESIDENTIAL ADDRESS	: JV 3281 Jeffsville Saulsville 0125

CERTIFICATES

SKILL	: Financial Literacy Training
INSTITUTION	: Hollard Alternative Distribution
YEAR OBTAINED	: 2016

WORK EXPERIENCE

NAME OF COMPANY	: Pentacon Civils
POSITION	: Semi-skilled Labourer
DURATION	: 11 January 2018 to 23 August 2019

REFERENCE

CONTACT PERSON	: Mohlalole Tshepo
CONTACT NUMBER	: 079 231 2564
CONTACT PERSON	: Mr P. van der Westhuizen
POSITION	: Director
COMPANY	: Pentacon Civils
CONTACT NUMBER	: 012 660 0802
FAX NUMBER	: 012 654 0891



SOUTH AFRICAN POLICE SERVICE
 FIREARM REGISTRATION CENTRE **SAPS 91 (a)**
 2026 -02- 20
 ATTERIDGEVILLE
SOUTH AFRICAN POLICE SERVICE

SOUTH AFRICAN POLICE SERVICE

ENQUIRY

TO BE COMPLETED IN BLOCK LETTERS

Full name and surname <u>LAWRANCE MAMAKOA</u>	OFFICE USE ONLY		
Identity number <u>7801156104089</u>	FIMS Enq. No. _____ / _____		
Town and country of birth <u>Limpopo TANGFURSE RSA</u>	Barcode No. _____		
Address <u>JV3182 JEFFSVILLE SAULSVILLE</u>	Received	Verify	
Date of birth <u>15 JAN 1978</u> Race: <input checked="" type="checkbox"/> C <input type="checkbox"/> I <input type="checkbox"/> W Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	FIMS	Validate	
	Scan	SRE	



Statement by the person whose fingerprints are taken: * I have not been convicted of any offence. * I have been convicted of (state place, date and sentence) I HAVE NOT BEEN CONVICTED OF ANY OFFENCE








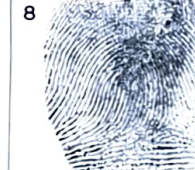

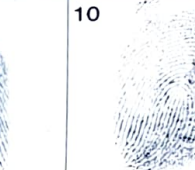
I unconditionally indemnify the South African Police Services and all its members, employees as well as the Government of the Republic of South Africa against any liability which results or may result from furnishing information in this regard.

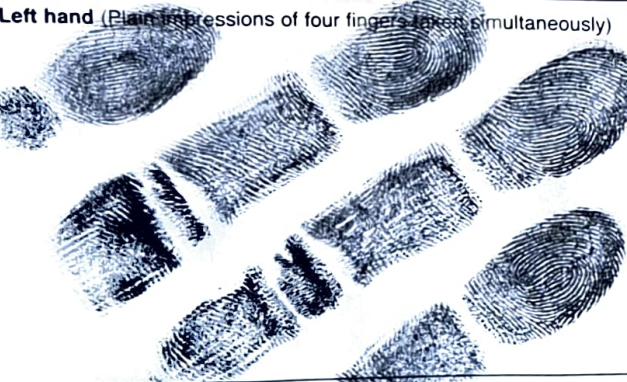
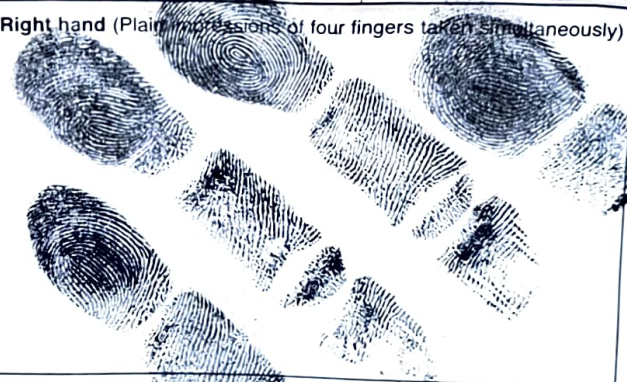
Signature of applicant [Signature] Cell phone no of applicant 0794559878 * Delete which is not applicable

I certify that the above applicant's signature was placed on this form in my presence and his/her fingerprints taken by me. (Signature of official responsible) [Signature] These finger- and palm prints MUST be checked for quality by a senior member at the station BEFORE the individual is released. If unsuitable the prints MUST be retaken.

Initials and surname M L MOORE Designation CONSTABLE Business address 01 MASHIGALA STREET (Street address) Checked by [Signature] PERSAL no. 721412

	Reason for enquiry: <u>SECURITY CLEARANCE</u>	
LEFT THUMB		RIGHT THUMB

Thumb	Forefinger	Middle finger	Ring finger	Little finger
1 	2 	3 	4 	5 
RIGHT HAND				RIGHT HAND
6 	7 	8 	9 	10 
LEFT HAND				LEFT HAND

	
Left hand (Palm impressions of four fingers taken simultaneously)	Right hand (Palm impressions of four fingers taken simultaneously)

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Suriname
MAMAKOA

Names
MORWACHUPJANE
LAWRANCE

Nationality
RSA

Identity Number
7801158104089




Date of Birth
16 JAN 1978

Country of Birth
RSA

Status
CITIZEN

Sex
M

Signature
ML

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDruk (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELE IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

I CERTIFY THAT THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

[Signature]
 HANDTEKENING/SIGNATURE

MAGSNOMMER / FORCE NUMBER: *7899030* RANG / RANK: *Const*



NAAM IN DRUKSKRIF / NAME IN PRINT: *S. MATHI*

Conditions: **This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997**

Date of Issue: **10 MAY 2022**

If issued please return to the Department of Home Affairs. For enquiry or verification purposes contact 0800 90 11 88

112838281

SOUTH AFRICAN POLICE SERVICE
 CLIENT SERVICE CENTRE
 2075 -02- 2 00
 ATERIDGEVILLE
SOUTH AFRICAN POLICE SERVICE



ATM NAME : ATERIDGEVILLE 2
 ATM NR : 11964 DATE : 2026/02/20
 SEQ NR : 001803 TIME : 10:15:04
 CARDLESS

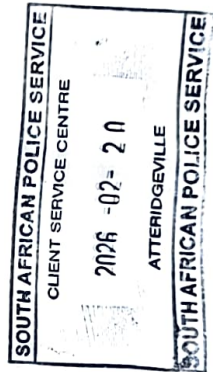
CASH DEPOSIT
 PLEASE KEEP YOUR RECEIPT AS PROOF
 TO ACC : 2787
 ACCOUNT NAME : SOUTH AFRICAN POLICE SE
 AMOUNT : R90
 REFERENCE : MAMAKOALAWRICE
 CONTACT NUMBER : 0794559878

R10 : R 0
 R20 : R 40
 R50 : R 50
 R100 : R 0
 R200 : R 0

2026 BENEFITS & PRICING FROM 1 JANUARY
 FOR DETAILS VISIT ABSA.CO.ZA/PRICING

Stop Card/Stopkaart 0800 11 11 55

Absa Bank Limited/Beperk Reg No 1986/004794/06
 Authorised Financial Services Provider/Gemaagte Finansiële diensteverskerk
 Registered Credit Provider/Getreesteerde Kredietverskerk Reg No NCRCP7
 Y12530



WENN DIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN 'N OORSEENBARE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELÊ IS, BESOUWERSDAN, VOLGENS MY WAARNEMINGS DAAR NIE 'N VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEKOMEN IS.

I HEREBY STATE THIS DOCUMENT IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT, FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

.....
 HANDETEKENING/SIGNATURE

MAGSNOMMER / FORCE NUMBER 7169030 RANG / RANK Const

NAAM IN DRUKSKRIF / NAME IN PRINT J. Maelu

Dr C.T. Nchabeleng

Bsc: MBChB(Medunsa)
PR No.: 0190195

Re: LAWRENCE MAMA KOA
ID: 7801156104089

TO: WHOM IT MAY CONCERN

THIS CERTIFICATE SERVES TO CONFIRM
THAT THE ABOVEMENTIONED CONSULTED
AT MY PRACTICE FOR PHYSICAL
FITNESS,

HE WAS FOUND TO HAVE NO OBVIOUS
AILMENT(S)

HE IS FIT TO CAN CARRY ANY JOB
THAT MIGHT BE ASSIGNED TO HIM

THANIC S

Doctor's Signature

DR. CT NCHABELENG
MBChB
MP 0581992

20-02-2026

ADDRESS:
230c Maunde Street
Atteridgeville, 0008

TELEPHONE:
012 373 4418
072 931 4083