Government Gazette
Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Vol. 733 31 July Julie 2026 No. 55097

PART 1 OF 2

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ISSN 1682-5845

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NO FUTURE QUERIES WILL BE HANDLED IN CONNECTION WITH THE ABOVE.

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government printing
Department:
Government Printing Works
REPUBLIC OF SOUTH AFRICA

HIGH ALERT: SCAM WARNING!!!

TO ALL SUPPLIERS AND SERVICE PROVIDERS OF THE GOVERNMENT PRINTING WORKS

It has come to the attention of the *GOVERNMENT PRINTING WORKS* that there are certain unscrupulous companies and individuals who are defrauding unsuspecting businesses disguised as representatives of the *Government Printing Works* (*GPW*).

The scam involves the fraudsters using the letterhead of *GPW* to send out fake tender bids to companies and requests to supply equipment and goods.

Although the contact person's name on the letter may be of an existing official, the contact details on the letter are not the same as the *Government Printing Works*'. When searching on the Internet for the address of the company that has sent the fake tender document, the address does not exist.

The banking details are in a private name and not company name. Government will never ask you to deposit any funds for any business transaction. *GPW* has alerted the relevant law enforcement authorities to investigate this scam to protect legitimate businesses as well as the name of the organisation.

Example of e-mails these fraudsters are using:

PROCUREMENT@GPW-GOV.ORG

Should you suspect that you are a victim of a scam, you must urgently contact the police and inform the *GPW*.

GPW has an official email with the domain as **@gpw.gov.za**

Government e-mails DO NOT have org in their e-mail addresses. All of these fraudsters also use the same or very similar telephone numbers. Although such number with an area code 012 looks like a landline, it is not fixed to any property.

GPW will never send you an e-mail asking you to supply equipment and goods without a purchase/order number. *GPW* does not procure goods for another level of Government. The organisation will not be liable for actions that result in companies or individuals being resultant victims of such a scam.

Government Printing Works gives businesses the opportunity to supply goods and services through RFQ / Tendering process. In order to be eligible to bid to provide goods and services, suppliers must be registered on the National Treasury's Central Supplier Database (CSD). To be registered, they must meet all current legislative requirements (e.g. have a valid tax clearance certificate and be in good standing with the South African Revenue Services - SARS).

The tender process is managed through the Supply Chain Management (SCM) system of the department. SCM is highly regulated to minimise the risk of fraud, and to meet objectives which include value for money, open and effective competition, equitability, accountability, fair dealing, transparency and an ethical approach. Relevant legislation, regulations, policies, guidelines and instructions can be found on the tender's website.

Fake Tenders

National Treasury's CSD has launched the Government Order Scam campaign to combat fraudulent requests for quotes (RFQs). Such fraudulent requests have resulted in innocent companies losing money. We work hard at preventing and fighting fraud, but criminal activity is always a risk.

How tender scams work

There are many types of tender scams. Here are some of the more frequent scenarios:

Fraudsters use what appears to be government department stationery with fictitious logos and contact details to send a fake RFQ to a company to invite it to urgently supply goods. Shortly after the company has submitted its quote, it receives notification that it has won the tender. The company delivers the goods to someone who poses as an official or at a fake site. The Department has no idea of this transaction made in its name. The company is then never paid and suffers a loss.

OR

Fraudsters use what appears to be government department stationery with fictitious logos and contact details to send a fake RFQ to Company A to invite it to urgently supply goods. Typically, the tender specification is so unique that only Company B (a fictitious company created by the fraudster) can supply the goods in question.

Shortly after Company A has submitted its quote it receives notification that it has won the tender. Company A orders the goods and pays a deposit to the fictitious Company B. Once Company B receives the money, it disappears. Company A's money is stolen in the process.

Protect yourself from being scammed

- If you are registered on the supplier databases and you receive a request to tender or quote that seems to be from a government department, contact the department to confirm that the request is legitimate. Do not use the contact details on the tender document as these might be fraudulent.
- Compare tender details with those that appear in the Tender Bulletin, available online at **www.gpwonline.co.za**
- Make sure you familiarise yourself with how government procures goods and services. Visit the tender website for more information on how to tender.
- If you are uncomfortable about the request received, consider visiting the government department and/or the place of delivery and/or the service provider from whom you will be sourcing the goods.
- In the unlikely event that you are asked for a deposit to make a bid, contact the SCM unit of the department in question to ask whether this is in fact correct.

Any incidents of corruption, fraud, theft and misuse of government property in the *Government Printing Works* can be reported to:

Supply Chain Management: Ms. Anna Marie Du Toit, Tel. (012) 748 6292.
Email: **Annamarie.DuToit@gpw.gov.za**

Marketing and Stakeholder Relations: Ms Bonakele Mbhele, at Tel. (012) 748 6193.
Email: **Bonakele.Mbhele@gpw.gov.za**

Security Services: Mr Daniel Legoabe, at tel. (012) 748 6176.
Email: **Daniel.Legoabe@gpw.gov.za**

Closing times for **ORDINARY WEEKLY** *GOVERNMENT GAZETTE* 2026

*The closing time is **15:00** sharp on the following days:*

- **23 December,** Tuesday for the issue of Friday **02 January 2026**
- **02 January,** Friday for the issue of Friday **09 January 2026**
- **09 January,** Friday for the issue of Friday **16 January 2026**
- **16 January,** Friday for the issue of Friday **23 January 2026**
- **23 January,** Friday for the issue of Friday **30 January 2026**
- **30 January,** Friday for the issue of Friday **06 February 2026**
- **06 February,** Friday for the issue of Friday **13 February 2026**
- **13 February,** Friday for the issue of Friday **20 February 2026**
- **20 February,** Friday for the issue of Friday **27 February 2026**
- **27 February,** Friday for the issue of Friday **06 March 2026**
- **06 March,** Friday for the issue of Friday **13 March 2026**
- **13 March,** Friday for the issue of Thursday **20 March 2026**
- **20 March,** Friday for the issue of Friday **27 March 2026**
- **26 March,** Thursday for the issue of Thursday **02 April 2026**
- **01 April,** Wednesday for the issue of Friday **10 April 2026**
- **10 April,** Friday for the issue of Friday **17 April 2026**
- **17 April,** Friday for the issue of Friday **24 April 2026**
- **22 April,** Wednesday for the issue of Thursday **30 April 2026**
- **30 April,** Thursday for the issue of Friday **08 May 2026**
- **08 May,** Friday for the issue of Friday **15 May 2026**
- **15 May,** Friday for the issue of Friday **22 May 2026**
- **22 May,** Friday for the issue of Friday **29 May 2026**
- **29 May,** Friday for the issue of Friday **05 June 2026**
- **05 June,** Friday for the issue of Friday **12 June 2026**
- **11 June,** Thursday for the issue of Friday **19 June 2026**
- **19 June,** Friday for the issue of Friday **26 June 2026**
- **26 June,** Friday for the issue of Friday **03 July 2026**
- **03 July,** Friday for the issue of Friday **10 July 2026**
- **10 July,** Friday for the issue of Friday **17 July 2026**
- **17 July,** Friday for the issue of Friday **24 July 2026**
- **24 July,** Friday for the issue of Friday **31 July 2026**
- **31 July,** Friday for the issue of Friday **07 August 2026**
- **06 August,** Thursday for the issue of Friday **14 August 2026**
- **14 August,** Friday for the issue of Friday **21 August 2026**
- **21 August,** Friday for the issue of Friday **28 August 2026**
- **28 August,** Friday for the issue of Friday **04 September 2026**
- **04 September,** Friday for the issue of Friday **11 September 206**
- **11 September,** Friday for the issue of Friday **18 September 2026**
- **17 September,** Thursday for the issue of Friday **25 September 2026**
- **25 September,** Friday for the issue of Friday **02 October 2026**
- **02 October,** Friday for the issue of Friday **09 October 2026**
- **09 October,** Friday for the issue of Friday **16 October 2026**
- **16 October,** Friday for the issue of Friday **23 October 2026**
- **23 October,** Friday for the issue of Friday **30 October 2026**
- **30 October,** Friday for the issue of Friday **06 November 2026**
- **06 November,** Friday for the issue of Friday **13 November 2026**
- **13 November,** Friday for the issue of Friday **20 November 2026**
- **20 November,** Friday for the issue of Friday **27 November 2026**
- **27 November,** Friday for the issue of Friday **04 December 2026**
- **04 December,** Friday for the issue of Friday **11 December 2026**
- **10 December,** Thursday for the issue of Friday **18 December 2026**
- **17 December,** Thursday for the issue of Thursday **24 December 2026**
- **23 December,** Wednesday for the issue of Thursday **31 December 2026**

LIST OF TARIFF RATES

FOR PUBLICATION OF NOTICES

COMMENCEMENT: 1 APRIL 2018

NATIONAL AND PROVINCIAL

Notice sizes for National, Provincial & Tender gazettes 1/4, 2/4, 3/4, 4/4 per page. Notices submitted will be charged at R1008.80 per full page, pro-rated based on the above categories.

Pricing for National, Provincial - Variable Priced Notices		
Notice Type	**Page Space**	**New Price (R)**
Ordinary National, Provincial	1/4 - Quarter Page	252.20
Ordinary National, Provincial	2/4 - Half Page	504.40
Ordinary National, Provincial	3/4 - Three Quarter Page	756.60
Ordinary National, Provincial	4/4 - Full Page	1008.80

EXTRA-ORDINARY

All Extra-ordinary National and Provincial gazette notices are non-standard notices and attract a variable price based on the number of pages submitted.

The pricing structure for National and Provincial notices which are submitted as **Extra ordinary submissions** will be charged at R**3026.32** per page.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

The **Government Printing Works** (**GPW**) has established rules for submitting notices in line with its electronic notice processing system, which requires the use of electronic *Adobe* Forms. Please ensure that you adhere to these guidelines when completing and submitting your notice submission.

Closing Times for Acceptance of Notices

1. The *Government Gazette* and *Government Tender Bulletin* are weekly publications that are published on Fridays and the closing time for the acceptance of notices is strictly applied according to the scheduled time for each gazette.

2. Please refer to the Submission Notice Deadline schedule in the table below. This schedule is also published online on the Government Printing works website www.gpwonline.co.za

   All re-submissions will be subject to the standard cut-off times.
   All notices received after the closing time will be rejected.

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
National Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Regulation Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Petrol Price Gazette	Monthly	Tuesday before 1st Wednesday of the month	One day before publication	1 working day prior to publication
Road Carrier Permits	Weekly	Friday	Thursday 15h00 for next Friday	3 working days prior to publication
Unclaimed Monies (Justice, Labour or Lawyers)	January / September 2 per year	Last Friday	One week before publication	3 working days prior to publication
Parliament (Acts, White Paper, Green Paper)	As required	Any day of the week	None	3 working days prior to publication
Manuals	Bi- Monthly	2nd and last Thursday of the month	One week before publication	3 working days prior to publication
State of Budget (National Treasury)	Monthly	30th or last Friday of the month	One week before publication	3 working days prior to publication
Extraordinary Gazettes	As required	Any day of the week	*Before 10h00 on publication date*	*Before 10h00 on publication date*
Legal Gazettes A, B and C	Weekly	Friday	One week before publication	Tuesday, 15h00 - 3 working days prior to publication
Tender Bulletin	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Gauteng	Weekly	Wednesday	Two weeks before publication	3 days **after** submission deadline
Eastern Cape	Weekly	Monday	One week before publication	3 working days prior to publication
Northern Cape	Weekly	Monday	One week before publication	3 working days prior to publication
North West	Weekly	Tuesday	One week before publication	3 working days prior to publication
KwaZulu-Natal	Weekly	Thursday	One week before publication	3 working days prior to publication
Limpopo	Weekly	Friday	One week before publication	3 working days prior to publication
Mpumalanga	Weekly	Friday	One week before publication	3 working days prior to publication

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
Gauteng Liquor License Gazette	Monthly	Wednesday before the First Friday of the month	Two weeks before publication	3 working days **after** submission deadline
Northern Cape Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 working days **after** submission deadline
National Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 working days **after** submission deadline
Mpumalanga Liquor License Gazette	Bi-Monthly	Second & Fourth Friday	One week before publication	3 working days prior to publication

EXTRAORDINARY GAZETTES

3. *Extraordinary Gazettes* can have only one publication date. If multiple publications of an *Extraordinary Gazette* are required, a separate Z95/Z95Prov *Adobe* Forms for each publication date must be submitted.

NOTICE SUBMISSION PROCESS

4. Download the latest *Adobe* form, for the relevant notice to be placed, from the **Government Printing Works** website www.gpwonline.co.za.

5. The *Adobe* form needs to be completed electronically using *Adobe Acrobat* / *Acrobat Reader*. Only electronically completed *Adobe* forms will be accepted. No printed, handwritten and/or scanned *Adobe* forms will be accepted.

6. The completed electronic *Adobe* form has to be submitted via email to submit.egazette@gpw.gov.za. The form needs to be submitted in its original electronic *Adobe* format to enable the system to extract the completed information from the form for placement in the publication.

7. Every notice submitted **must** be accompanied by an official **GPW** quotation. This must be obtained from the *eGazette* Contact Centre.

8. Each notice submission should be sent as a single email. The email **must** contain **all documentation relating to a particular notice submission**.

   8.1. Each of the following documents must be attached to the email as a separate attachment:

      8.1.1. An electronically completed *Adobe* form, specific to the type of notice that is to be placed.

         8.1.1.1. For National *Government Gazette* or *Provincial Gazette* notices, the notices must be accompanied by an electronic Z95 or Z95Prov *Adobe* form

         8.1.1.2. The notice content (body copy) **MUST** be a separate attachment.

      8.1.2. A copy of the official **Government Printing Works** quotation you received for your notice. *(Please see Quotation section below for further details)*

      8.1.3. A valid and legible Proof of Payment / Purchase Order: **Government Printing Works** account customer must include a copy of their Purchase Order**. Non-Government Printing Works** account customer needs to submit the proof of payment for the notice

      8.1.4. Where separate notice content is applicable (Z95, Z95 Prov and TForm 3, it should **also** be attached as a separate attachment. *(Please see the Copy Section below, for the specifications)*.

      8.1.5. Any additional notice information if applicable.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

9. The electronic *Adobe* form will be taken as the primary source for the notice information to be published. Instructions that are on the email body or covering letter that contradicts the notice form content will not be considered. The information submitted on the electronic *Adobe* form will be published as-is.

10. To avoid duplicated publication of the same notice and double billing, Please submit your notice **ONLY ONCE.**

11. Notices brought to **GPW** by "walk-in" customers on electronic media can only be submitted in *Adobe* electronic form format. All "walk-in" customers with notices that are not on electronic *Adobe* forms will be routed to the Contact Centre where they will be assisted to complete the forms in the required format.

12. Should a customer submit a bulk submission of hard copy notices delivered by a messenger on behalf of any organisation e.g. newspaper publisher, the messenger will be referred back to the sender as the submission does not adhere to the submission rules.

QUOTATIONS

13. Quotations are valid until the next tariff change.

    13.1. ***Take note:*** **GPW**'s annual tariff increase takes place on ***1 April*** therefore any quotations issued, accepted and submitted for publication up to ***31 March*** will keep the old tariff. For notices to be published from 1 April, a quotation must be obtained from **GPW** with the new tariffs. Where a tariff increase is implemented during the year, **GPW** endeavours to provide customers with 30 days' notice of such changes.

14. Each quotation has a unique number.

15. Form Content notices must be emailed to the *eGazette* Contact Centre for a quotation.

    15.1. The *Adobe* form supplied is uploaded by the Contact Centre Agent and the system automatically calculates the cost of your notice based on the layout/format of the content supplied.

    15.2. It is critical that these *Adobe* Forms are completed correctly and adhere to the guidelines as stipulated by **GPW**.

16. **APPLICABLE ONLY TO GPW ACCOUNT HOLDERS**:

    16.1. **GPW** Account Customers must provide a valid **GPW** account number to obtain a quotation.

    16.2. Accounts for **GPW** account customers **must** be active with sufficient credit to transact with **GPW** to submit notices.

        16.2.1. If you are unsure about or need to resolve the status of your account, please contact the **GPW** Finance Department prior to submitting your notices. (If the account status is not resolved prior to submission of your notice, the notice will be failed during the process).

17. **APPLICABLE ONLY TO CASH CUSTOMERS:**

    17.1. Cash customers doing **bulk payments** must use a **single email address** in order to use the **same proof of payment** for submitting multiple notices.

18. The responsibility lies with you, the customer, to ensure that the payment made for your notice(s) to be published is sufficient to cover the cost of the notice(s).

19. Each quotation will be associated with one proof of payment / purchase order / cash receipt.

    19.1. This means that **the quotation number can only be used once to make a payment.**

GOVERNMENT PRINTING WORKS - BUSINESS RULES

COPY (SEPARATE NOTICE CONTENT DOCUMENT)

20. Where the copy is part of a separate attachment document for Z95, Z95Prov and TForm03

20.1. Copy of notices must be supplied in a separate document and may not constitute part of any covering letter, purchase order, proof of payment or other attached documents.

The content document should contain only one notice. (You may include the different translations of the same notice in the same document).

20.2. The notice should be set on an A4 page, with margins and fonts set as follows:

Page size = A4 Portrait with page margins: Top = 40mm, LH/RH = 16mm, Bottom = 40mm; Use font size: Arial or Helvetica 10pt with 11pt line spacing;

Page size = A4 Landscape with page margins: Top = 16mm, LH/RH = 40mm, Bottom = 16mm; Use font size: Arial or Helvetica 10pt with 11pt line spacing;

CANCELLATIONS

21. Cancellation of notice submissions are accepted by **GPW** according to the deadlines stated in the table above in point 2. Non-compliance to these deadlines will result in your request being failed. Please pay special attention to the different deadlines for each gazette. Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.

22. Requests for cancellation must be sent by the original sender of the notice and must accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

23. With effect from 01 October 2015, **GPW** will not longer accept amendments to notices. The cancellation process will need to be followed according to the deadline and a new notice submitted thereafter for the next available publication date.

REJECTIONS

24. All notices not meeting the submission rules will be rejected to the customer to be corrected and resubmitted. Assistance will be available through the Contact Centre should help be required when completing the forms. (012-748 6200 or email info.egazette@gpw.gov.za). Reasons for rejections include the following:

24.1. Incorrectly completed forms and notices submitted in the wrong format, will be rejected.

24.2. Any notice submissions not on the correct *Adobe* electronic form, will be rejected.

24.3. Any notice submissions not accompanied by the proof of payment / purchase order will be rejected and the notice will not be processed.

24.4. Any submissions or re-submissions that miss the submission cut-off times will be rejected to the customer. The Notice needs to be re-submitted with a new publication date.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

APPROVAL OF NOTICES

25. Any notices other than legal notices are subject to the approval of the Government Printer, who may refuse acceptance or further publication of any notice.

26. No amendments will be accepted in respect to separate notice content that was sent with a Z95 or Z95Prov notice submissions. The copy of notice in layout format (previously known as proof-out) is only provided where requested, for Advertiser to see the notice in final Gazette layout. Should they find that the information submitted was incorrect, they should request for a notice cancellation and resubmit the corrected notice, subject to standard submission deadlines. The cancellation is also subject to the stages in the publishing process, i.e. If cancellation is received when production (printing process) has commenced, then the notice cannot be cancelled.

GOVERNMENT PRINTER INDEMNIFIED AGAINST LIABILITY

27. The Government Printer will assume no liability in respect of—

27.1. any delay in the publication of a notice or publication of such notice on any date other than that stipulated by the advertiser;

27.2. erroneous classification of a notice, or the placement of such notice in any section or under any heading other than the section or heading stipulated by the advertiser;

27.3. any editing, revision, omission, typographical errors or errors resulting from faint or indistinct copy.

LIABILITY OF ADVERTISER

28. Advertisers will be held liable for any compensation and costs arising from any action which may be instituted against the Government Printer in consequence of the publication of any notice.

CUSTOMER INQUIRIES

Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While **GPW** deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.
GPW has a 2-working day turnaround time for processing notices received according to the business rules and deadline submissions.
Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

29. Requests for information, quotations and inquiries must be sent to the Contact Centre ONLY.

30. Requests for Quotations (RFQs) should be received by the Contact Centre at least **2 working days** before the submission deadline for that specific publication.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

PAYMENT OF COST

31. The Request for Quotation for placement of the notice should be sent to the Gazette Contact Centre as indicated above, prior to submission of notice for advertising.

32. Payment should then be made, or Purchase Order prepared based on the received quotation, prior to the submission of the notice for advertising as these documents i.e. proof of payment or Purchase order will be required as part of the notice submission, as indicated earlier.

33. Every proof of payment must have a valid **GPW** quotation number as a reference on the proof of payment document.

34. Where there is any doubt about the cost of publication of a notice, and in the case of copy, an enquiry, accompanied by the relevant copy, should be addressed to the Gazette Contact Centre, **Government Printing Works**, Private Bag X85, Pretoria, 0001 email: info.egazette@gpw.gov.za before publication.

35. Overpayment resulting from miscalculation on the part of the advertiser of the cost of publication of a notice will not be refunded, unless the advertiser furnishes adequate reasons why such miscalculation occurred. In the event of underpayments, the difference will be recovered from the advertiser, and future notice(s) will not be published until such time as the full cost of such publication has been duly paid in cash or electronic funds transfer into the **Government Printing Works** banking account.

36. In the event of a notice being cancelled, a refund will be made only if no cost regarding the placing of the notice has been incurred by the **Government Printing Works**.

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38. Copies of any of the *Government Gazette* or *Provincial Gazette* can be downloaded from the **Government Printing Works** website www.gpwonline.co.za free of charge, should a proof of publication be required.

39. Printed copies may be ordered from the Publications department at the ruling price. The **Government Printing Works** will assume no liability for any failure to post or for any delay in despatching of such *Government Gazette*(s)

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149 Bosman Street	Pretoria	**Account No.:** 405 7114 016
Pretoria	0001	**Branch Code:** 632-005

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DEPARTMENT OF FINANCE

NO. 7749 **31 July 2026**



Financial Intelligence Centre

CONSULTATION NOTE

Relating to draft Directive 12 on the submission of Risk Management and Compliance Programmes in terms of the Financial Intelligence Centre Act, 2001 (Act 38 of 2001)

31 July 2026

FOR CONSULTATION PURPOSES ONLY

INTRODUCTION

1. The Financial Intelligence Centre (Centre) has issued draft Directive 12 for consideration by accountable institutions, supervisory bodies and other persons in terms of section 43A of the Financial Intelligence Centre Act, 2001 (Act 38 of 2001) (FIC Act).

2. The Centre has independent and overarching powers under the FIC Act to monitor and enforce the state of compliance across all accountable institutions as designated in Schedule 1 of the FIC Act.

BACKGROUND

3. Draft Directive 12 seeks to mandate every accountable institution listed in Schedule 1 to the FIC Act to make a copy of the documentation describing their Risk Management and Compliance Programmes (RMCPs) on an annual basis.

4. Draft Directive 12 further provides for the manner and timeframes within which the accountable institutions are required to submit a copy of the documentation describing their RMCPs to the Centre in terms of the FIC Act.

5. The RMCPs submitted by the accountable institutions will enable the Centre to holistically monitor the level of compliance by the accountable institutions with the obligations set out in the FIC Act.

6. The accountable institutions listed in items 1, 2, 3, 9 and 11 (excluding bank, mutual bank, and co-operative bank credit providers), of Schedule 1 to the FIC Act will be required to submit a copy of their RMCPs annually by 30 September.

7. The accountable institutions listed in items 14, 20, 21, and 22 of Schedule 1 to the FIC Act will be required to submit a copy of their RMCPs annually by 31 October.

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FOR CONSULTATION PURPOSES ONLY

CONSULTATION

8. Before issuing directives to accountable institutions and other persons regarding their performance, duties and obligations in terms of the FIC Act or any directive made in terms of the FIC Act, the Centre must, in accordance with section 42B of the FIC Act, publish a draft of the directive by appropriate means of publication and invite submissions and consider submissions received.

9. Comments on draft Directive 12 (as available on the Centre's website at www.fic.gov.za) must reach the Centre by no later than close of business on Monday, 21 August 2026. Commentators are invited to comment on draft Directive 12 by making written comments via the online consultation form only https://forms.cloud.microsoft/Pages/ResponsePage.aspx?id=szVSHGOkAUqWp9wmNLKqdDhdo1-vzNpPh8emiL5DIJdUMFJPQ0VQR1c2QVVWTFBaVjRNNVhBN1dPNC4u

COMMUNICATION WITH THE CENTRE

10. Queries can be directed to the compliance contact Centre on 012 641 6000 and select option 1. Queries can also be submitted online by clicking on https://www.fic.gov.za/compliance-queries-2/ or visiting the Centre's website and submitting an online compliance query.

Issued by:
The Director
Financial Intelligence Centre
31 July 2026

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DEPARTMENT OF FINANCE

NO. 7750 **31 July 2026**

NOTICE IN TERMS OF SECTION 43A(1) OF THE FINANCIAL INTELLIGENCE CENTRE ACT, 2001 (ACT 38 OF 2001)

1. Title

Directive 10 of 2026 on information pertaining to geographic locations to be provided upon registration with the Financial Intelligence Centre (Centre) in accordance with section 43B of the Financial Intelligence Centre Act, 2001 (Act 38 of 2001) (FIC Act).

2 Purpose

2.1 This Directive is issued by the Centre in terms of section 43A(1) of the FIC Act.

2.2 The purpose of this Directive is to specify, in accordance with section 43B(2) of the FIC Act, the particulars concerning the geographic location of an accountable institution's head office, branch offices, each subsidiary's head office, and the branch offices of such subsidiaries, in or outside the Republic of South Africa that must accompany its registration with the Centre.

3. Definitions

3.1 In this Directive 'FIC Act' means the Financial Intelligence Centre Act, 2001 (Act 38 of 2001) and includes any regulation or directive made under the Act, and, unless the context indicates otherwise, any word or expression to which a meaning has been assigned in the Act has that meaning, and:

(a) "Branch office" includes, but is not limited to, a physical office of an accountable institution, that is not a separate legal entity or a separate accountable institution, and which is located elsewhere other than at the head office of the accountable institution, where business is conducted for and on behalf of the accountable institution, where the accountable institution provides products and services directly or indirectly to its clients;.

(b) "Head office" means the registered address of the accountable institution and may include the place where an accountable institution's senior management and their direct support staff are located or, if they are located at more than one location, the place where they are primarily or predominantly located.

(c) "Subsidiary" means one or more subsidiary of an accountable institution, alone or in any combination where the accountable institution:

(i) Is directly or indirectly able to exercise, or control the exercise of a majority of the general voting rights associated with issued securities of that subsidiary or subsidiaries, whether pursuant to a shareholder agreement or otherwise or

(ii) Has or have the right to appoint or elect or control the appointment or election of directors of that subsidiary or subsidiaries who control a majority of the votes at meetings of the board.

4. Application

This Directive applies to every accountable institution referred to in items 1, 2, 3, 9, 11 (excluding banks, mutual banks, and co-operative bank credit providers), 14, 20, 21 and 22 of Schedule 1 of the Act.

5. Registration of an accountable institution to be accompanied by certain particulars

5.1 An accountable institution that has operations in more than one geographic location must provide the following information when it registers with the Centre in terms of section 43B(1):

(a) If the accountable institution has a head office, full particulars of the:

(i) Name of the head office

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the head office

(v) Surname, first name and contact particulars of the person carrying out the compliance function in terms of section 42A(2)(b) of the Act, who may be contacted in relation to the particulars of the head office.

(b) If the accountable institution has one or more branches, in respect of each branch in the Republic, full particulars of:

(i) Name of the branch

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the branch

(v) Surname, first name and contact particulars of the person carrying out the compliance function in terms of section 42A(2)(b) of the FIC Act, who may be contacted in relation to the particulars of the branch.

(c) If the accountable institution has one or more branches outside the Republic, in respect of each branch outside the Republic, full particulars of:

(i) Name of the branch

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the branch

(v) Surname, first name and contact particulars of the person carrying out the compliance function in terms of section 42A(2)(b) of the FIC Act, who may be contacted in relation to the particulars of the branch,

(d) If the accountable institution has one or more subsidiaries, in respect of each subsidiary's head office in the Republic, full particulars of:

(i) Name of the head office

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the head office

(v) Surname, first name and contact particulars of the person carrying out the compliance function in terms of section 42A(2)(b) of the FIC Act, who may be contacted in relation to the particulars of the subsidiary.

(e) If the accountable institution has one or more subsidiaries outside the Republic, in respect of each subsidiary's head office outside the Republic, full particulars of:

(i) Name of the head office

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the head office

(v) Surname, first name and contact particulars of the person carrying out the

compliance function in terms of section 42A(2)(b) of the FIC Act, who may be contacted in relation to the particulars of the subsidiary.

(f) If the subsidiary of the accountable institution has one or more branches in the Republic, in respect of each branch, full particulars of:

(i) Name of the branch

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the branch

(v) Surname, first name and contact particulars of the person carrying out the compliance function in terms of section 42A(2)(b) of the FIC Act who may be contacted in relation to the particulars of the subsidiary.

(g) If the subsidiary of the accountable institution has one or more branches outside the Republic, in respect of each branch, full particulars of:

(i) Name of the branch

(ii) Licence number, if applicable

(iii) Registration number, if applicable

(iv) Business address of the branch

(v) Surname, first name and contact particulars of the person carrying out the compliance function in terms of section 42A(2)(b) of the FIC Act at the subsidiary, who may be contacted in relation to the particulars of the branch.

5.2 Accountable institutions as specified in paragraph 4, that are registered with the Centre on the date of commencement of this Directive, must update their registration by providing the particulars mentioned in paragraph 5.1 within 90 days of the date of commencement of the Directive.

5.3 Accountable institutions must update the particulars provided under paragraph 5.1 within 90 days after such a change.

6. Failure to comply with the directive

An accountable institution that fails to comply with any provision of this Directive is non-compliant and is subject to an administrative sanction in accordance with section 43B(2) read together with sections 61A and 45C of the FIC Act.

7. Commencement

This Directive takes effect on the date of publication in the Government Gazette.

MR THABISO THITI
DIRECTOR
FINANCIAL INTELLIGENCE CENTRE
31 July 2026

DEPARTMENT OF HEALTH

NO. 7751 **31 July 2026**

CORRECTION NOTICE

MENTAL HEALTH CARE ACT, 2002

MENTAL HEALTH CARE ACT, 2002 (ACT NO. 17 OF 2002) GENERAL REGULATIONS

The Mental Health Care Act, 2002-General Regulations published under Notice No. 1467 published in Government Gazette No. 27117 of 15 December 2004 as amended by Amendment made in terms of the Mental Health Care Act, 2002 (Act No. 17 of 2002) published in Government *Gazette* No. 40515, Government Notice No. 1590 published on 23 December 2016 is hereby corrected as follows:

All Forms published in both sets of Regulations are hereby repealed and substituted by the Forms in the Schedule.

DR PAKISHE AARON MOTSOALEDI, MP
MINISTER OF HEALTH
DATE:

FORM MHCA 01

DEPARTMENT OF HEALTH

REPORT TO MENTAL HEALTH REVIEW BOARD ON PROVISION OF CARE, TREATMENT AND REHABILITATION WITHOUT CONSENT OR EMERGENCY ADMISSION
[Section 9(2) of the Act]

Surname of User .....
First name(s) of User .....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation .....

Marital status: S ☐ M ☐ D ☐ W ☐

Residential address: .....
.....
.....
.....
.....

Date of admission: .....
Time of admission: .....
Name of health establishment: .....

Reason for admission without consent:

Based on my/practitioners at this health establishment's assessment, any delay in providing care, treatment and rehabilitation services / admission may, due to mental illness, result in:

(a) the death or irreversible harm to the User
Reasons for this assessment (including mental health status and behavioural reasons) .....
.....
.....

(b) the User inflicting serious harm to him/herself or others
Reasons for this assessment (including mental health status and

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FORM MHCA 01

behavioural reasons) .....
.....
.....

(c) the User causing serious damage to or loss of property belonging to him/herself or to others
Reasons for this assessment (including mental health status and behavioural reasons) .....
.....
.....

I ..... (name of mental health care practitioner)
hereby declare that I have personally assessed .....
..... (name of mental health care user) at .....
..... (name of health establishment) on .....(date).
.....
Designation: .....
Contact Numbers: .....

.....
Signature:

Outcome of assessment within 24 hours-

(a) An application for involuntary or assisted care, treatment and rehabilitation was made:-
Date of application: ..... Time of application: .....
(b) The User agreed to voluntary care, treatment and rehabilitation.
(c) Patient discharged as a mental health care user.

Print initials and surname.....

.....
Signature:

(Health care provider ☐ or Head of health establishment ☐)

Date: .....

(Submit to relevant Review Board)

2

FORM MHCA 02

DEPARTMENT OF HEALTH

REPORT ON EXPLOITATION, PHYSICAL OR OTHER ABUSE, NEGLECT OR DEGRADING TREATMENT OF A MENTAL HEALTH CARE USER
[Section 11(2) of the Act]

(All the information contained in this Form will be held strictly confidential).

I.....
(name/s)

.....
(address)

☐ hereby declare that I have witnessed exploitation, physical or other abuse, neglect or degrading treatment of the following mental health care user:

☐ hereby declare that I have been through exploitation, physical or other abuse, neglect or degrading treatment

A. Details of User (where known)
First Name and Surname of User.....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation ..... Marital status: S ☐ M ☐ D ☐ W ☐
Residential address: .....
.....
.....
.....
.....

B. Name of health establishment or other place where the alleged incident occurred .....
Address: .....
.....
.....
.....

C. Date of incident .....

D. Brief description of the User: .....
.....

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FORM MHCA 02

E. Description of the alleged incident:

.....
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.....

Print initials and surname .....
Contact number: .....
Signature under oath: .....
(person who witnessed alleged incident)
Date: .....

OATH/AFFIRMATION

I certify that:

i. The deponent acknowledged to me that:
   a. He/she knows and understands the contents of this declaration;
   b. He/she has no objection to taking the prescribed oath;
   c. He/she considers the prescribed oath to be binding on his/her conscience;
ii. The deponent signed this declaration in my presence at ..... on this ..... day of ..... 20.....

_____

Signature: Commissioner of Oath: Ex-Officio
Name: .....
Rank / Designation: .....

(Original to be submitted to the relevant Mental Health Review Board)

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FORM MHCA 03

DEPARTMENT OF HEALTH

DISCHARGE REPORT FROM THE MENTAL HEALTH ESTABLISHMENT
[Section 16, 37(6) or 56 of the Act]

Full name of User.....
ID Number: .....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Name of health establishment: .....
Date of admission: .....
Date of discharge: .....

Diagnosis on discharge: .....
Planned further care, treatment and rehabilitation:
.....
.....
.....
Compiled by:
Print initials and surname: .....
Designation: .....
Signature: .....
(Head of health establishment)
Print initials and surname: .....

Signature: .....
Date: .....

Copy to be submitted to the relevant authority in terms of the applicable provision:

Review Board ☐

Registrar High Court ☐

Magistrate ☐

Head of Prison ☐

Head of National Department ☐

Curator ☐

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FORM MHCA 04

DEPARTMENT OF HEALTH

APPLICATION TO THE HEAD OF HEALTH ESTABLISHMENT CONCERNED FOR ASSISTED OR INVOLUNTARY CARE, TREATMENT AND REHABILITATION
[Section 27(1) and 27(2) or 33(1) and 33(2) of the Act]

(A staff member assisting the Applicant in completing this form must record his/her name, surname and designation)

Name, surname and designation of staff member-.....

A. INFORMATION REGARDING THE USER

I hereby apply for—.

assisted care ☐ or involuntary care ☐:

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Marital status: S☐ M☐ D☐ W☐

Employment: Yes ☐ or No ☐

Property: Yes ☐ or No ☐

Income source: Pension ☐

Grant ☐

Other☐ (Specify).....

None ☐

Is there a reason to believe that an administrator or curator needs to be appointed to manage the financial affairs of the User Yes ☐ No ☐

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FORM MHCA 04

Residential address and contact details: .....
.....
.....

B. **INFORMATION REGARDING APPLICANT**

Surname of applicant: .....
First name(s) of applicant: .....
Date of birth of applicant: ..... (must be over 18 years of age)
Residential address and contact details: .....
.....
.....

C. Relationship between applicant and mental health care user: (mark with a cross)

Spouse ☐ Partner ☐ Associate ☐ Parent ☐

Guardian ☐ Heath care provider ☐ Other ☐.....(specify)

(If User is under 18 this application must be made by the parent, caregiver, guardian or person with parental right and responsibilities)

I last saw the User on..... at .....
(date) (time) (place)

(The applicant must have seen the User within seven days of making this application)

D. Why is the applicant the health care provider?

The spouse, next of kin, partner, associate, parent or guardian of the User is:

(i) Unwilling (State reasons for this conclusion):
.....
.....
.....
.....

or

(ii) Incapable (State reasons for this conclusion):
.....
.....
.....
.....

or

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FORM MHCA 04

(iii) Unknown/Untraceable (state efforts made to trace)

.....

.....

.....

E. Reasons for the Application:

I, the undersigned, am of the opinion that the above-mentioned person is suffering from a mental illness / intellectual disability for the following reasons (e.g, what did he/she do or say?):

.....

.....

.....

.....

F. In the case of an application for involuntary care:

In your opinion:

(i) Is the User a danger to self and others due to his/her mental illness?

Yes☐ No☐

(ii) Is the User willing to receive care, treatment and rehabilitation if needed?

Yes☐ No☐

(iii) Is the User able to make an informed decision?

Yes☐ No☐

I also attach the following information in support of my application (if available)

Medical certificates: ☐

History of past mental illness:☐ / intellectual disability:☐

Other:☐

.....

.....

.....

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FORM MHCA 04

I wish to have representation/Legal Representation/Legal Aid

for myself Yes☐ No☐

or on behalf of the User Yes☐ No☐

Print initials and surname (Applicant).....

Signature (Applicant): .....

Date: .....

Place: .....

Note: Applicant must sign under oath

F. OATH/AFFIRMATION

I certify that:

iii. The deponent acknowledged to me that:
   a. He/she knows and understands the contents of this declaration;
   b. He/she has no objection to taking the prescribed oath;
   c. He/she considers the prescribed oath to be binding on his/her conscience;

iv. The deponent signed this declaration in my presence at ..... on this ..... day of ..... 20.....

_____

Signature: Commissioner of Oath: Ex-Officio

Name: .....

Rank / Designation: .....

(Submit original to Review Board)

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FORM MHCA 05

DEPARTMENT OF HEALTH

REPORT ON COMPLETION OF EXAMINATION AND FINDINGS BY MENTAL HEALTH CARE PRACTITIONER FOLLOWING AN APPLICATION FOR ASSISTED OR INVOLUNTARY CARE TREATMENT AND REHABILITATION
[Section 27(5) or 33(5) of the Act]

Section 1
Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender: Male☐ Female☐

Occupation ..... Marital status: S☐ M☐ D☐ W☐
Residential address: .....
.....
.....
.....
.....

Section 2
Date of examination: ..... Place of examination: .....
Physical health status (filled in only by mental health care practitioner qualified to conduct physical examination):

(a) General physical health:
.....
.....
.....
.....

(b) Are there signs of injuries? Yes☐ No☐
If yes, please indicated whether you believe this is as a result of abuse?

Yes☐ No☐ Unsure☐

If yes, was this abuse reported/investigated? Yes☐ No☐

(c) Are there signs of communicable diseases? Yes☐ No☐

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FORM MHCA 05

If the answer to (b) or (c) is Yes, give further particulars:

.....
.....
.....
.....
.....

Section 3

Information on User received from other person(s) or family (state names and contact details):

.....
.....
.....
.....

Section 4

Previous mental health history if known (State dates and places):

.....
.....
.....
.....
.....

Section 5

Mental health status of the User at the time of the present examination (describe symptoms or diagnostic criteria):

.....
.....
.....
.....
.....
.....

Section 6

Type of illness (provisional diagnosis):

.....
.....
.....
.....

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FORM MHCA 05

Section 7
In my opinion the above-mentioned User—

has homicidal tendencies due to mental illness Yes☐ No☐

has suicidal tendencies due to mental illness Yes☐ No☐
is a risk to inflicting serious harm to him/herself or others or causing serious damage to property belong to him/her or other due to mental illness Yes☐ No☐

Section 8
Recommendation to head of health establishment on an application for assisted care, treatment and rehabilitation services only **(Skip this section if section 9 of this form is applicable)** —

An application was made for assisted care, treatment and rehabilitation services ☐ or involuntary care ☐, treatment and rehabilitation services ☐

1. Is the User suffering from a mental illness and as a consequence of this requires care, treatment and rehabilitation services for their own health and safety or the health and safety of others? Yes☐ No☐

2. Is the User capable of making an informed decision on the need to receive care, treatment and rehabilitation services? Yes☐ No☐

3. Is the User willing to receive care, treatment and rehabilitation services? Yes☐ No☐

Section 9
Recommendation to head of health establishment on an application for Involuntary care, treatment and rehabilitation services only **(Skip this section if you have completed section 8)**

1. Is the User suffering from a mental illness and as a consequence of this requires care, treatment and rehabilitation services? Yes☐ No☐

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FORM MHCA 05

2. Is the User capable of making an informed decision on the need to receive care, treatment and rehabilitation services? Yes ☐ No ☐

3. Does the User refuse to receive care, treatment and rehabilitation services?

Yes ☐ No ☐

4.Is the User in your view, likely to inflict serious harm on him/herself or others?

Yes ☐ No ☐

5.Is care, treatment and rehabilitation services, in your view necessary for the protection of the User's financial interests or reputation? Yes ☐ No ☐

Section 10

Based on the abovementioned information my recommendation to the head of health establishment is that the User should—

1. Receive voluntary care, treatment and rehabilitation services ☐

2. Receive assisted in-patient care, treatment and rehabilitation services ☐

3. Undergo 72-hour assessment following the application for involuntary care, treatment and rehabilitation services to determine the need for further care, treatment and rehabilitation services ☐

Section 11

I declare that I have personally informed the mental health care User of his/her rights, including his/her right to representation including the right to legal representation and/or Legal Aid, and the right to have his/her financial interests or reputation safeguarded and his/her right to have an administrator or curator appointed.

Comment:

.....

.....

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FORM MHCA 05

I ..... (name of mental health care practitioner)
hereby declare that I have personally assessed .....
..... (name of mental health care user) at .....
..... (name of health establishment) on ..... (date).
.....

Signature: .....
Category of designated mental health care practitioner: .....
Registration number with relevant Council: .....
Date: .....
Place: .....

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FORM MHCA 06

DEPARTMENT OF HEALTH

72-HOUR ASSESSMENT AND FINDINGS OF MEDICAL PRACTITIONER AND ANOTHER MENTAL HEALTH CARE PRACTITIONER AFTER HEAD OF HEALTH ESTABLISHMENT HAS APPROVED INVOLUNTARY CARE, TREATMENT AND REHABILITATION SERVICES
[Section 34(1) of the Act]

Section 1

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age .....

Gender: Male☐ Female☐

Occupation: ..... Marital status: S☐ M☐ D☐ W☐
Residential address: .....
.....
.....
.....
.....

Section 2

Date and time of the beginning of 72-hour assessment: .....
Place of assessment: .....

Section 3

(a) General physical health **(To be completed by medical practitioners only):**
.....
.....
.....

(b) Are there signs of injuries? Yes☐ No☐
If yes, please indicate whether you believe this is as a result of abuse?

Yes☐ No☐

If yes, was this abuse reported/investigated? Yes☐ No☐ Not known☐

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FORM MHCA 06

(c) Are there signs of communicable diseases? Yes☐ No☐

If the answer to (b) or (c) is Yes, give further particulars:

.....
.....
.....
.....
.....

Section 4

Past mental health history of the User (State dates and places):

.....
.....
.....

Section 5

Mental health status of the User during the 72 hours assessment period:

.....
.....
.....

Section 6

Type of illness (provisional diagnosis):

.....
.....
.....

In my opinion the above-mentioned User:-

has homicidal tendencies due to mental illness Yes☐ No☐

has suicidal tendencies due to mental illness Yes☐ No☐

is at risk due to mental illness Yes☐ No☐

Section 7

Recommendation to head of health establishment - application for involuntary care:

Is the User capable of making an informed decision on the need to receive care, treatment and rehabilitation services? Yes☐ No☐

Does the User refuse to receive care, treatment and rehabilitation services? Yes☐ No☐

Is the User in your view, likely to inflict serious harm on him /herself or others?

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FORM MHCA 06

Yes☐ No☐

Is the care, treatment and rehabilitation, in your view necessary for the User's financial interests and reputation? Yes☐ No☐

Section 8

Based on the abovementioned information my recommendation to the head of health establishment is that the User should either:

1. Receive voluntary care, treatment and rehabilitation service ☐

or

2. Receive assisted care, treatment and rehabilitation services ☐

or

3. Continue to receive involuntary in-patient care, treatment and rehabilitation services ☐

or

4. Receive involuntary out-patient care, treatment and rehabilitation services ☐

or

5. Be discharged from the Mental Health Care Act ☐

Section 9

I declare that I have personally informed the mental health care User of his/her rights, including his/her right to representation including the right to legal representation and/or Legal Aid, and the right to have his/her financial interests and/or reputation safeguarded.

Comment:.....

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FORM MHCA 06

Section 10

Print initials and surname: .....

Registration Category: .....

Signature: .....

Date: .....

Category of designated mental health care practitioner for example 'nurse', psychologist' or 'medical practitioner': .....

Date: .....

Place: .....

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FORM MHCA 07

DEPARTMENT OF HEALTH

NOTICE BY HEAD OF HEALTH ESTABLISHMENT ON HIS/HER DECISION WHETHER TO PROVIDE ASSISTED- OR INVOLUNTARY INPATIENT CARE, TREATMENT AND REHABILITATION SERVICES
[Sections 27(9), 28(1), 33(7) and 33(8) of the Act]

Section 1
I .....(name of head of health establishment) hereby:

Approve the application ☐

Do not approve the application ☐

to the assisted care, treatment and rehabilitation ☐

to the in-patient involuntary care, treatment and rehabilitation ☐
of .....(name of User).

Section 2
Whereas the findings of the registered medical practitioner and another mental health care practitioner concur that the User:-

(a) should ☐ should not ☐ receive assisted care, treatment and rehabilitation services; or

(b) must ☐ must not ☐ receive involuntary care, treatment and rehabilitation services

I am satisfied ☐ not satisfied ☐ that the restrictions and instructions on the mental health care User's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.
The reasons for consenting are as follows:
.....
.....
.....
Print initials and surname: .....
Signature: .....(head of health establishment)
Date: .....Time.....
Place: .....

(Copy to Applicant and original to the Review Board)

19

FORM MHCA 08

DEPARTMENT OF HEALTH

NOTICE BY HEAD OF HEALTH ESTABLISHMENT TO REVIEW BOARD REQUESTING APPROVAL FOR FURTHER INVOLUNTARY CARE, TREATMENT AND REHABILITATION ON AN INPATIENT BASIS
[Section 34(3)(c) of the Act]

I.....hereby request the .....
(name of head of health establishment)
approval from the Review Board for further involuntary care, treatment and rehabilitation on an inpatient basis of: .....
(name of User)
The findings of the mental health care practitioner and medical practitioner are that the User requires further involuntary care, treatment and rehabilitation.
I am satisfied that the restrictions and intrusions on the mental health care user's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.
The basis of this request for further involuntary care, treatment and rehabilitation on an inpatient basis is that:
.....
.....
.....
.....
Attached hereto please find the copies of the following:-

(a) the application to obtain involuntary care, treatment and rehabilitation [MHCA 04];

(b) the written findings given in terms of sections 27(5) and 33(5) [MHCA 05]
(c) the notice given in terms of section 33(8) [MHCA 07]; and
(d) the assessment findings [MHCA 06].

Signature: .....
(Head of health establishment)
Date: .....
Place: .....

(Original to Review Board &Copy (excluding attachments) to applicant)

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FORM MHCA 09

DEPARTMENT OF HEALTH

NOTICE BY HEAD OF HEALTH ESTABLISHMENT AFTER 72-HOUR ASSESSMENT PERIOD INFORMING REVIEW BOARD THAT MENTAL HEALTH CARE USER WARRANTS FURTHER INVOLUNTARY CARE, TREATMENT AND REHABILITATION ON AN OUTPATIENT BASIS
[Section 34(3)(b) of the Act]

I ..... hereby inform
(name of head of health establishment)
the Review Board that .....
(name of mental health care user)
requires further involuntary care, treatment and rehabilitation on an outpatient basis.
I am satisfied that the restrictions and intrusions on the mental health care user's right to movement, privacy and dignity are proportionate to the care, treatment and rehabilitative services contemplated.

The basis of this request for further involuntary care, treatment and rehabilitation on an outpatient basis is that:-
(a) The User is suffering from a mental illness or severe/profound mental disability and requires care, treatment and rehabilitation services for his/her health or safety or the health or safety of other people or for the protection of the financial interests or reputation of the User;
(b) The User is currently incapable of making an informed decision on the need for the care, treatment and rehabilitation services
(c) The User is refusing care, treatment and rehabilitation services

Signature: .....
(Head of health establishment)

Date: .....
Place: .....

[Copy to mental health care user and original to Review Board]

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FORM MHCA 10

DEPARTMENT OF HEALTH

TRANSFER OF INVOLUNTARY MENTAL HEALTH CARE USER - SCHEDULE OF CONDITIONS RELATING TO HIS OR HER INVOLUNTARY OUTPATIENT CARE, TREATMENT AND REHABILITATION SERVICES
[Section 34(3)(b) or (5) of the Act]

Surname of User .....
First name(s) of User .....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation ..... Marital status: S ☐ M ☐ D ☐ W ☐
Residential address: .....
.....
.....
.....
.....
Name of custodian into whose charge the User is discharged: .....
.....
Address of custodian: .....
.....
.....
.....
.....

i. The User's mental health status will be monitored and reviewed at ..... (name of health establishment)

ii. The User is to present him / herself to this health establishment every .....weeks / months to have his or her mental health status reviewed.

iii. Name of health establishment(s) where involuntary mental health care, treatment and rehabilitation will be provided on an outpatient basis if different from preceding health establishment: .....

iv. Conditions of behaviour which must be adhered to by the User:
.....
.....
.....
.....
.....
.....

Name of psychiatric hospital and/or care and rehabilitation centre where the User is to be admitted if he / she relapses to the extent of being a danger to him / herself or others if he / she remains an involuntary outpatient, or to which he / she is to be admitted if the conditions of outpatient care are violated .....
(name of health establishment)

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FORM MHCA 10

Print initials and surname: .....
.....
Signature (head of health establishment)

Date: .....
Place: .....

.....
Signature of User (understands and accepts the stipulated conditions)

.....
Signature of custodian (understands and accepts the stipulated conditions)

(Original to Review Board and copy to User, custodian and head of health establishment to whom User was referred on outpatient basis)

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FORM MHCA 11

DEPARTMENT OF HEALTH

TRANSFER OF ASSISTED / INVOLUNTARY MENTAL HEALTH CARE USER ON INPATIENT BASIS TO ANOTHER HEALTH ESTABLISHMENT
[Section 27(10) and 34(4), of the Act]

.....
(name and surname of mental health care user)

an assisted ☐ or

Involuntary mental health care user ☐

on an inpatient basis who was admitted to .....
..... (name of health establishment)
on ..... (date) must be
transferred to ..... (name of health establishment)
Print initials and surname: .....
(head of health establishment)

Signature: .....
(Head of health establishment)
Date: .....
Place: .....

(Copy to Review Board)

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FORM MHCA 12

DEPARTMENT OF HEALTH

DISCHARGE OF INVOLUNTARY MENTAL HEALTH CARE USER FROM INPATIENT TO OUTPATIENT CARE OR CANCELLATION OF THE DISCHARGE
[Section 34(3) and 34(6) of the Act]

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age .....

Gender: Male☐ Female☐

Occupation: ..... Marital status: S☐ M☐ D☐ W☐
Residential address: .....
.....
.....
.....
.....

A. Discharge from inpatient to outpatient care

This involuntary inpatient at .....
(name of health establishment) has improved to such an extent that he/she should be provided with care, treatment and rehabilitation services as an outpatient as dated on the schedule of conditions attached to this transfer as outlined in the attached MHCA 10.

B. Cancellation of the discharge

This involuntary outpatient previously discharged with prescribed conditions on .....and being monitored and reviewed at .....has not complied with the terms and conditions applicable to his / her discharge / relapsed to the extent of being a danger to him / herself or others if he / she remains an involuntary outpatient, and must be admitted as an involuntary inpatient to.....(name of health establishment)

Specific reasons for transfer to inpatient care are: .....
.....
.....
.....
Print initials and surname: .....
Signature: .....
(Head of health establishment)

Date: .....
Place: .....

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FORM MHCA 13A

DEPARTMENT OF HEALTH

PERIODICAL REPORT ON MENTAL HEALTH CARE USER (ASSISTED/INVOLUNTARY USER/MENTALLY ILL PRISONER)
[Sections 30(2), 37(2) and 55(1) of the Act]

Section 1: Biographical information

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender Male☐ Female☐
The User is an: (mark with a cross)

Assisted User☐ Involuntary User☐ Mentally ill prisoner☐
Name of health establishment concerned: .....
Registration number (if any): .....
Date of first admission of mental health care user under this section: .....

Section 2: Assessment
Mental health status: (Short statement of the mental health status before and since admission, since the last report, and the present condition, with special reference to any symptom indicating homicidal, suicidal or dangerous tendencies)
Before admission:
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.....
.....

Since admission / previous periodical report:
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.....
Present mental status:
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FORM MHCA 13A

Physical condition of User:

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Diagnosis:

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Section 3: Clinical management, treatment and rehabilitation plan

Present treatment programme to be followed, including psycho-pharmacological, ECT, occupational therapy or psychotherapy social work intervention with family, leave of absence to family, etc):

Medical:

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Psychological:

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Social (including the safeguarding of the User's financial interests):

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Occupational:

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FORM MHCA 13A

Physiotherapy (if required):
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.....
.....
.....
.....

Family contacts:

Personal☐ Correspondence☐ Regular☐ Seldom☐ Never☐
In the case of never, what has been done to trace the family?
.....
.....
.....

Section 4: Recommendation in terms of Section 30 or 37 or 55(1)
(a) The User is suffering from a mental illness or severe/profound mental disability and requires care, treatment and rehabilitation services for his/her health or safety or the health or safety of other people or for the protection of the financial interests or reputation of the User;
(b) The User is currently incapable of making an informed decision on the need for the care, treatment and rehabilitation services

and

(c) The User is refusing☐/ not refusing☐ care, treatment and rehabilitation services

Should the User status remain unchanged? Yes☐ No☐

Briefly motivate:
.....
.....

If the User is an involuntary inpatient, should he / she be transferred to involuntary outpatient care?

Yes☐ No☐

Briefly motivate:
.....
.....
.....

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FORM MHCA 13A

Please add additional paper if required, as this is extremely important:
.....
.....
.....
.....
.....
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.....
Print initials and surname of assessing practitioner: .....
Signature: .....
(assessing practitioner)
Date: .....
Place: .....

Section 5: Instructions and remarks
.....
.....
.....

Signature: .....
(Head of health establishment)
Date: .....
Place: .....

(Original to Review Board and copy of report in case of mentally ill prisoner to relevant magistrate, administrator, if appointed, and head of relevant prison)

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FORM MHCA 13B

DEPARTMENT OF HEALTH

PERIODICAL REPORT ON STATE PATIENT
[Section 46(2) of the Act]

Surname of State patient: .....
First name(s) of State patient: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Name of health establishment concerned: .....
Registration number (if any): .....
Date of first admission of the state patient under this section: .....
Mental health status: (Short statement of the mental health status before and since admission, since the last report, and the present condition, with special reference to any symptom indicating homicidal, suicidal or dangerous tendencies)

Before admission:
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Since admission / previous report:
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Present mental status:
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.....

Present treatment for example psycho-pharmacological treatment, ECT, occupational therapy or psychotherapy: .....
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FORM MHCA 13B

Present physical condition:

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.....
.....
.....

Diagnosis at present date:

.....
.....
.....
.....

Family contacts:

Personal☐ Correspondence☐ Regular☐ Seldom☐ Never☐

In the case of never, what has been done to trace the family?

.....
.....
.....

State patients (section 46 of the Act)

Charge faced:

.....
.....

Should the User be discharged conditionally? Yes☐ No☐

Comment:

.....
.....
.....

Should the User be discharged unconditionally? Yes☐ No☐

Comment:

.....
.....
.....

Give reasons if the 'present mental status' reflects a normal picture and further confinement is recommended:

.....
.....
.....

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FORM MHCA 13B

Comment on the merit of granting the User leave of absence:
.....
.....
.....
.....

Recommendation on a plan for further care, treatment and rehabilitation (to be completed for any of assisted and involuntary Users and mentally ill prisoners)
(Specify treatment programme followed, give details of psychiatric interviews, counselling, group therapy sessions etc., stating clearly the aims of treatment, progress made, assessments done, changes made an patient's reactions to changes):
Please add additional paper as this is extremely important!!
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Print initials and surname of assessing practitioner: .....
Signature: .....
(assessing practitioner)
Date: .....
Place: .....

Instructions and remarks:
.....
.....
.....

Signature: .....
(head of health establishment)

Date: .....
Place: .....

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FORM MHCA 13B

STATE PATIENTS

[This part must be completed by head of national department (or designated official)]

Considerations and remarks:

.....
.....
.....
.....

Recommendations:

(a) Further care and treatment:

.....
.....
.....

b) Leave of absence (State patients):

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.....

(c) Discharge of User:

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.....

Signature: .....

(Head of National Department):

Date: .....

Place: .....

(Copy to be sent back to the Head of health establishment)

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FORM MHCA 14

DEPARTMENT OF HEALTH
DECISION BY REVIEW BOARD CONCERNING—

(a) assisted mental care, treatment and rehabilitation [section 28(3) of the Act];
(b) appeal against decision of head of health establishment concerning assisted care, treatment and rehabilitation [section 29(2) of the Act];
(c) further involuntary care, treatment and rehabilitation on an inpatient basis [section 34(7) of the Act]; or
(d) appeal against decision of head of health establishment on involuntary care, treatment and rehabilitation [section 35(2) of the Act]

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender: Male☐ Female☐

Occupation: ..... Marital status: S☐ M☐ D☐ W☐
Residential address: .....
.....
.....
.....

The Review Board of .....
(name of review Board)
have considered documentation and issues relevant to:

Application for assisted/involuntary care, treatment and rehabilitation of the above User:
The Review Board have considered (inter alia) whether:
(a) the User is capable of making an informed decision on the need to receive care, treatment and rehabilitation services.
(b) the User is suffering from a mental illness or severe or profound intellectual disability, and as a consequence of this requires care, treatment and rehabilitation for his / her health and safety or the health and safety of others.

(c) the User is willing☐ unwilling☐ to receive care, treatment and rehabilitation services.
(d) the User is likely to inflict serious harm on him / herself or others.

(e) care, treatment and rehabilitation is necessary for the User's financial interest and reputation.

(f) the User's right to movement, privacy and dignity will be unnecessarily restricted.

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FORM MHCA 14

Application to appeal against decision of head of health establishment on assisted ☐/ involuntary ☐ care, treatment and rehabilitation

The Review Board has requested / provided the opportunity for the following to make oral or written representations on the merits of the request:

(a) Applicant ☐

(b) Appellant ☐

(c) Independent mental health care practitioner(s) ☐

(d) Head of health establishment ☐

(e) Others ☐

The Review Board has considered the appeal in the prescribed procedure and has decided that:-

(a) the User should be discharged from the health establishment ☐
(b) the User should receive care, treatment and rehabilitation services as a voluntary User ☐
(c) the User should receive assisted care, treatment and rehabilitation services as an assisted inpatient ☐
(d) the User should receive involuntary care, treatment and rehabilitation services as an inpatient ☐ outpatient ☐

Reasons for this decision:
.....
.....
.....
Print initials and surname: .....
Signature: .....
(Chairperson of Review Board)
Date: .....
Place: .....

(Copy to be sent (as applicable) to: applicant, appellant, head of health establishment concerned, head of provincial department and High Court Judge)

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FORM MHCA 15

DEPARTMENT OF HEALTH

APPEAL TO REVIEW BOARD AGAINST DECISION OF HEAD OF HEALTH ESTABLISHMENT ON ASSISTED - OR INVOLUNTARY MENTAL HEALTH CARE, TREATMENT AND REHABILITATION
[Sections 29(1) and 35(1) of the Act]

Details of User
Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Residential address: .....
.....
.....
.....

Is the User the appellant? Yes ☐ No ☐

If No to the above:
Surname of appellant: .....
First name(s) of appellant: .....
Contact number of appellant: .....
Residential address: .....
.....
.....
.....

Relationship between appellant and mental health care user: (mark with a cross)

Spouse ☐ Partner ☐ Associate ☐ Next of kin ☐ Parent ☐ Guardian ☐

Other ☐.....(specify)

Grounds for the appeal:
.....
.....
.....
.....
.....

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FORM MHCA 15

Facts on which the appeal is based:
.....
.....
.....
.....
.....
.....

I, the undersigned/wish to have representation/Legal Representation/Legal Aid

for myself or on behalf of ..... Yes ☐ or No ☐

Signature: .....
(appellant)
Date: .....
Place: .....

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FORM MHCA 16

DEPARTMENT OF HEALTH

ORDER BY THE HIGH COURT FOR FURTHER HOSPITALISATION/IMMEDIATE DISCHARGE OF AN INVOLUNTARY MENTAL HEALTH CARE USER
[Section 36(c) of the Act]

In the High Court of South Africa. ..... Division
In the matter of .....
(involuntary mental health care user's name)

at present being confined at.....
(name and health establishment)

as an involuntary mental health care User following the decision of the Review Board dated ..... under sections 34(7) or 35(4) of the Act.

IT IS HEREBY ORDERED

That the said .....
(name of User)

(a) (i) be further kept / provided with care, treatment and rehabilitation services until the said User has recovered or is otherwise legally discharged;
(ii) financial affairs be managed and administered according to the provisions of Chapter VIII of the Act; or

(b) be discharged immediately.

(c) Other ..... (specify)

By order of the Honourable Justice .....

Date: .....
Place: .....
Registrar: .....

(Copy to be sent applicant, appellant, Review Board and head of health establishment)

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FORM MHCA 17

DEPARTMENT OF HEALTH

DECISION/RECOMMENDATION BY REVIEW BOARD FOLLOWING PERIODIC REVIEWS/ REPORTS ON ASSISTED OR INVOLUNTARY MENTAL HEALTH CARE USERS OR MENTALLY ILL PRISONERS
[Sections 30(4), 37(4) or 55(4) of the Act]

Surname of User .....
First name(s) of User .....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Health establishment concerned .....
(name of health establishment)

The Review Board of ..... have considered
(name of Review Board)
documentation and issues relevant to the periodic review of the above User.
The Review Board has considered (inter alia) whether:

(a) The User is capable of making an informed decision on the need to receive care, treatment and rehabilitation services.
(b) The User is suffering from a mental illness or severe or profound intellectual disability, and as a consequence of this requires care, treatment and rehabilitation for his / her health and safety or the health and safety of others.
(c) The User is willing to receive care, treatment and rehabilitation services.
(d) The User is likely to inflict serious harm on him / herself or others.
(e) Care, treatment and rehabilitation is necessary for the User's financial interest and reputation.
(f) The User's right to movement, privacy and dignity will be unnecessarily restricted.

The Review Board have requested the following people to make oral or written representations:

(a) Applicant ☐

(b) Independent mental health care practitioner(s) ☐

(c) Head of health establishment ☐

(d) Others (Specify) ☐.....

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FORM MHCA 17

The Review Board has decided/recommended that:

(a) The User should be discharged ☐

(b) The User should receive care, treatment and rehabilitation services as a voluntary User ☐

(c) The User should receive care, treatment and rehabilitation services as an assisted inpatient ☐

(d) The User should receive involuntary care, treatment and rehabilitation services as an inpatient ☐ / outpatient ☐

Reasons for this decision/recommendation:

.....
.....
.....
.....

Print initials and surname: .....

Signature: .....

(Chairperson of Review Board)

Date: .....

Place: .....

[Copies to be sent in the case of:
Assisted or involuntary User: to the mental health care user, applicant, head of health establishment concerned and head of provincial department;
Mental ill prisoners: mentally ill prisoner, administrator/curator (if appointed) head of health establishment concerned, relevant magistrate, head of relevant prison and head national department.]

Periodic Report No.....is due on .....

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FORM MHCA 18

DEPARTMENT OF HEALTH

SUMMONS TO APPEAR BEFORE A REVIEW BOARD
[Section 11(2), 29(2)(a) and 35(2)(c) of the Act]

.....
(name of person summoned and his or her address)
is hereby summoned to appear at ..... (place)
on ..... (date and time) before the Review Board of
..... (name of health establishment)
to give evidence in respect of .....
.....
.....
.....
(if the person summonsed is to produce any book, record, document or any other item(s))
and you are hereby directed to produce:
.....
.....
.....
.....
(specify the book, record, document or any other item(s) concerned)

Given under the hand of the Chairperson of the Review Board, this ..... day
of .....

Signature: .....
(Chairperson of Review Board)

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FORM MHCA 19

DEPARTMENT OF HEALTH

REQUEST BY HEAD OF HEALTH ESTABLISHMENT TO REVIEW BOARD TO TRANSFER MENTAL HEALTH CARE USER/STATE/MENTALLY ILL PRISONER

(a) an assisted or involuntary mental health care user in terms of section 39(1) of the Act to maximum security facilities;
(b) a State patient between designated health establishments in terms of section 43 of the Act; or
(c) a mentally ill prisoner between designated health establishments in terms of section 54(2) of the Act.

Surname of mental health care user/state patient/mentally ill prisoner .....
First name(s) of mental health care user/state patient/mentally ill prisoner .....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Health establishment from where the request is made: .....
State clearly the reason(s) for the request: .....
.....
.....
.....
.....
.....

Has the User previously absconded or attempted to abscond? Yes ☐ No ☐
Explain circumstances:
.....
.....
.....
.....
.....

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FORM MHCA 19

Has the User inflicted harm on others at the health establishment? Yes ☐ No ☐
Explain circumstances:
.....
.....
.....
.....
.....
In your opinion is the User likely to inflict harm on others in the health establishment?

Yes ☐ No ☐

Explain:
.....
.....
.....
.....
.....
Other reason(s) for making the request:
.....
.....
.....
.....
.....
Print initials and surname: .....
Signature: .....
(Head of health establishment)
Date: .....
Place: .....

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FORM MHCA 20

DEPARTMENT OF HEALTH

ORDER BY REVIEW BOARD TO TRANSFER MENTAL HEALTH CARE USER/STATEPATIENT/MENTALLY ILL PRISONER

(a) an assisted- or involuntary mental health care user in terms of section 39(4) of the Act to maximum security facilities;
(b) a State patient between designated health establishments in terms of section 43(3) of this Act; or
(c) a mentally ill prisoner between designated health establishments in terms of section 54(2) of the Act.

Surname of mental health care user/state patient/mentally ill prisoner: .....
First name(s) of mental health care user/state patient/mentally ill prisoner: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Health establishment making the request: .....
The Review Board of .....
(name of Review Board)
has considered documentation and representation relevant to the transfer of the above User to a maximum-security facility.
The Review Board has considered inter alia whether-
(a) The transfer is not being done in order to punish the User.
(b) The transfer is warranted taking cognizance of the mental health status of the User.

Reason(s) for transfer:
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FORM MHCA 20

The above mental health care user/state patient/mentally ill prisoner must be transferred to a health establishment with maximum security facilities.
Print initials and surname .....
Signature: .....
(Chairperson of Review Board)
Date: .....
Place: .....

(Copy to: With respect to assisted- and involuntary mental health care Users, this order must be sent to the head of the provincial department and the Head of health establishment. With respect to state patients and mentally ill prisoners the order must be sent to the head of the national department)

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FORM MHCA 21

DEPARTMENT OF HEALTH

NOTICE OF TRANSFER OF STATE PATIENT OR MENTALLY ILL PRISONER
[sections 43(8) or 54(6) of the Act]

Surname of state patient/mentally ill prisoner .....
First name(s) of state patient/mentally ill prisoner.....
Date of birth ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

The above state patient or mentally ill prisoner has been transferred:
From: .....
(name of health establishment)
To: .....
(name of health establishment)

Reasons for transfer:
.....
.....
.....
Date of transfer: .....
Print initials and surname: .....
Signature: .....
(person effecting the transfer)
Date: .....
Place: .....

(Copy: In respect of state patient to be sent to official curator ad litem and National Department. In respect of mentally ill prisoner to be sent to the head of the relevant prison, Review Board and National Department as well as to the administrator where appointed)

This gazette is also available free online at www.gpwonline.co.za

FORM MHCA 22

DEPARTMENT OF HEALTH

HANDING OVER CUSTODY BY THE SOUTH AFRICAN POLICE SERVICES (SAPS) OF A PERSON SUSPECTED OF BEING MENTALLY ILL AND LIKELY TO INFLICT SERIOUS HARM TO HIM/HERSELF OR OTHERS
[Section 40(1) of the Act]

A. I.....
(print rank, initials and surname of member of SAPS)

have reason to believe from personal observation ☐

or from information obtained from a mental health care practitioner ☐

that .....
.....
.....
.....
(User's name or description if no name is available)
is suffering from a mental illness and is likely to inflict serious harm to him/herself or others.
I have apprehended the person and have brought him / her to .....
.....
(name of health establishment)
for assessment by a mental health care practitioner.

Name and address of next of kin (where possible)
.....
.....
.....

I hereby hand over custody of the said person to the head of the health establishment or his/her designate.

Signature: ..... Force No:.....
(Member of SAPS)
Date: .....
Time: .....
Place: .....

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FORM MHCA 22

B. I.....
(Name of head of health establishment or designated person)
accept custody of .....
(Name of User or description if no name is available)
at the .....
(Name of health establishment)

The User's physical condition is as follows (describe any bruises, lacerations etc):
.....
.....
.....
.....
.....

The mental status of the person will be assessed, and an application will be made in terms of section 33 if applicable
Signature: .....
(Head of health establishment or designated person)
Date: .....
Time: .....
Place: .....

[Copy to be sent to SAPS to confirm in writing the physical condition as stated above during handing over of custody]

C. The SAPS hereby confirms that the physical condition as stated above was present during the handing over the User in terms of section 40(1) of the Act.
Print initials and surname: .....
Signature: .....
(Member of SAPS who handed over custody)
Date: .....
Place: .....

(Copy to Review Board)

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FORM MHCA 23

DEPARTMENT OF HEALTH

TRANSFER OF STATE PATIENTS FROM DETENTION CENTRE TO A DESIGNATED HEALTH ESTABLISHMENT
[Sections 42(3) of the Act]
OR
TRANSFER OF MENTALLY ILL PRISONERS FROM PRISON TO DESIGNATED HEALTH ESTABLISHMENT
[Section 53(2) of the Act]

Surname of state patient/mentally ill prisoner: .....
First name(s) of state patient/mentally ill prisoner: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S☐ M☐ D☐ W☐
Residential address: .....
.....
.....
.....
The above state patient, currently held in detention at ..... (name of detention centre) must be transferred to.....
..... (name of health establishment) for care, treatment and rehabilitation services.

Signature: .....
(Head of national department)
Date: .....
Place: .....

(Copy to be forwarded to head of detention centre and the official curator ad litem)
(On receipt of a court order in terms of section 42(1) of the Act, Form J105, the national department must complete MHCA 23 and forward a copy to the detention centre and head of health establishment concerned)

This gazette is also available free online at www.gpwonline.co.za

FORM MHCA 24

DEPARTMENT OF HEALTH

TRANSFER OF STATE PATIENTS AND MENTALLY ILL PRISONERS BETWEEN DESIGNATED HEALTH ESTABLISHMENTS
[Sections 43(1) and 54(1) of the Act]

Surname of state patient/mentally ill prisoner: .....
First name(s) of state patient/mentally ill prisoner: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

The above state patient or mentally ill prisoner shall be transferred:
From: ..... (name of health establishment)
To: ..... (name of health establishment)

Reasons to transfer:
.....
.....
.....
.....
Print Initials and Surname: .....
Signature: .....
(Head of provincial department)
Date: .....
Place: .....

Concurrence of Head of Province to where the state patient or mentally ill prisoner is to be transferred must be obtained where inter-provincial transfers are contemplated.
Signature: .....
(Head of provincial department)
Date: .....
Place: .....

(Copy to be forwarded to official *curator ad litem*, head of national department and head of health establishment to where state patient or mentally ill prisoner is transferred)

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FORM MHCA 25

DEPARTMENT OF HEALTH

NOTICE OF ABSCONDMENT TO SOUTH AFRICAN POLICE SERVICE (SAPS) AND REQUEST FOR ASSISTANCE TO LOCATE, APPREHEND AND RETURN USER
[Sections 40(4), 44(1) or 57(1) of the Act]

Surname of assisted user/involuntary user/state patient/mentally ill prisoner: .....
First name(s) of assisted user/involuntary user/state patient/mentally ill prisoner: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Date if admission to health establishment: .....
The above assisted user/involuntary user/state patient/mentally ill prisoner absconded from: .....(name of health establishment)
Address: .....
.....
.....
.....
.....
Date of abscondment: .....
Absconder is: (mark with a cross)

Assisted User ☐ Involuntary User ☐ State patient ☐

Mentally ill prisoner ☐

Diagnosis on medical condition:
.....
.....
.....
.....
.....

Estimation of likelihood of doing harm to self or others: (mark with a cross)

Little chance ☐ Reasonable chance ☐ High likely ☐ Extremely likely ☐

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FORM MHCA 25

Circumstances of abscondment:
.....
.....
.....
.....

Attach full report (if available)
Your assistance in locating and apprehending the above assisted/involuntary user/state patient/mentally ill prisoner is appreciated
Print initials and surname: .....
Signature: .....
(Head of health establishment)
Date: .....
Place: .....

(In case of an assisted- or involuntary User: copy of this notice to be submitted to head of provincial department)
(In case of a state patient: copy of this notice to be submitted to Registrar or Clerk of the relevant Court official *curator ad litem* and head of national department)
(In the case of a mentally ill prisoner: copy of this notice to be submitted to head of the prison from where the User was initially transferred and to head of national department)

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FORM MHCA 26

DEPARTMENT OF HEALTH

NOTICE OF THE RETURN OF AN ABSCONDED ASSISTED USER/INVOLUNTARY USER/STATE PATIENT/MENTALLY ILL PRISONER
[Section 40(4), 44(1) or 57(1) of the Act]
[to be completed by the head of Health Establishment]

Surname of assisted user/ involuntary user/ state patient/mentally ill prisoner: .....
First name(s) of assisted user/involuntary user/state patient/mentally ill prisoner .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Date if admission to health establishment: .....
The above assisted user/involuntary user/state patient/mentally ill prisoner absconded from: .....(name of health establishment)
Address: .....
.....
.....
.....
.....
Date of abscondment: .....
Date of return: .....
Returned by (e.g. SAPS, self, relative):

Print Initials and Surname: .....
Force Number if applicable: .....
Date: .....

State physical / mental condition:
.....
.....
.....
.....
.....
.....

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FORM MHCA 26

Print initials and surname: .....
(head of health establishment)
Signature: .....
Date: .....
Place: .....

(In case of an assisted or involuntary mental health care user: copy of this notice to be submitted to the Review Board and head of provincial department)
(In case of state patient: copy of this notice to be submitted to Registrar or Clerk of the relevant Court, official *curator ad litem* and head of national department)
(In case of a mentally ill prisoner: copy of this notice to be submitted to the Magistrate, head of the prison from where the User was initially transferred and to head of national department)

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FORM MHCA 27

DEPARTMENT OF HEALTH

GRANTING OF LEAVE OF ABSENCE TO A STATE PATIENT, ASSISTED OR INVOLUNTARY MENTAL HEALTH CARE USERS
[Section 45, 66(1)(j) of the Act]

Surname of assisted or involuntary mental health care user: .....
First name(s) of assisted or involuntary mental health care user: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Residential address or custodian's name and address whilst on leave of absence:
.....
.....
.....
.....

The User is: (mark with a cross)

State patient ☐ Assisted User ☐ Involuntary User ☐
Date of commencement of leave: .....
Due date of return from leave: .....
Name of health establishment where the User's mental health status will be monitored and reviewed: .....
The User is to present him- / herself to this health establishment every ..... weeks / months to be monitored and his / her health status reviewed.

Name of health establishment(s) where care, treatment and rehabilitation will be provided and the nature of this: .....

Conditions of behaviour which must be adhered to by the User:
.....
.....
.....
.....
.....
.....

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FORM MHCA 27

Name of psychiatric hospital where the User is to be admitted if he / she relapses and / or is not complying with the terms and conditions applicable to the leave:

.....

Print initials and surname: .....

Signature: .....

(Head of health establishment)

Date: .....

Place: .....

Print initials and surname: .....

Signature: .....

(custodian)

Date: .....

Place: .....

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FORM MHCA 28

DEPARTMENT OF HEALTH

CANCELLATION OF LEAVE OF ABSENCE OF A STATE PATIENT OR AN ASSISTED OR INVOLUNTARY MENTAL HEALTH CARE USER
[Section 45(3), 66(1)(j) of the Act]

I hereby cancel the leave of absence of .....
(name of state patient, assisted or involuntary mental health care user)
File No. .....
You are not complying with the terms and conditions applicable to the leave of absence and/or have/has relapsed to the extent of requiring hospitalization.

Reasons for cancellation of leave of absence:
.....
.....
.....
.....
.....
You must return to .....
(name of detention centre)
by ..... (date) or you will be reported to the South African Police Services as absconded.
Print initials and surname: .....
Signature: .....
(head of health establishment)
Date: .....
Place: .....

(Copy to custodian)

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FORM MHCA 29

DEPARTMENT OF HEALTH

APPLICATION FOR DISCHARGE OF STATE PATIENT TO JUDGE IN CHAMBERS (WHERE APPLICANT IS NOT AN OFFICIAL CURATOR AD LITEM OR ADMINISTRATOR)

[Section 47(2)(e) of the Act]

Surname of state patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Residential address: .....
.....
.....
.....

Charge against state patient: .....
Person making application (mark with a cross):

State patient him/herself ☐ Head of health establishment ☐

Responsible medical practitioner ☐ Spouse ☐ Associate ☐ Next of kin ☐

Other ☐

Reasons for application:
.....
.....
.....
.....

Has an application been made for discharge of state patient within the preceding 12 months by any application other than an official curator ad litem? Yes ☐ No ☐

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FORM MHCA 29

If Yes provide details of the status of that application (and no need to proceed further with this form):

.....
.....
.....

Report from psychologist (if available): Yes ☐ No ☐

In your opinion does the official curator ad litem have a conflict of interest with the state patient? Yes ☐ No ☐

Give reasons:

.....
.....
.....

Supply proof that a copy of the application has been given to the official curator ad litem concerned.

Where the applicant is an 'associate' state the nature of the substantial or material interest in the state patient:

.....
.....
.....

Attach all reports you have available relevant to this application.

Provide details of any prior application for discharge that you are aware of:

.....
.....
.....

Print initials and surname: .....

Signature: .....

(Applicant)

Date: .....

Place: .....

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FORM MHCA 30

DEPARTMENT OF HEALTH

APPLICATION FOR DISCHARGE OF STATE PATIENT TO JUDGE IN CHAMBERS (WHERE APPLICANT IS AN OFFICIAL CURATOR AD LITEM OR ADMINISTRATOR)
[Section 47(2)(c) of the Act]

Surname of state patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth: ..... or estimated age .....

Gender: Male ☐ Female ☐
Address: .....
.....
Date of admission: .....
Charge against User: .....
Date declared a state patient: .....
Health establishment where User is being treated: .....
Application for discharge made by official *curator ad litem* / other
If other, state whom: .....
Has as application been made for discharge of the state patient within the preceding 12 monthsby any applicant other than official *curator ad litem*?

Yes ☐ No ☐
If yes, provide details of the status of that application (and no need to further with this form)
.....
.....
.....
.....

Report from psychologist (attach if available) Yes ☐ No ☐
Attach reports containing the history of the User's mental health status and a prognosis concerning their mental health status from:

(a) Head of the relevant health establishment
(b) Two mental health care practitioners at least one of whom should be a psychiatrist

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FORM MHCA 30

Recommendations and comments on whether the application should be granted:
.....
.....
.....
.....
Print initials and surname: .....
Signature: .....
(Official *curator ad litem*/administrator)
Date: .....
Place: .....
Psychiatric report in terms of section 47(2) and 47(3)(a) of the Act

General information regarding:
(a) escapes / attempted escapes
(b) violent behaviour
(c) seclusions and reason for this
(d) attempts at obtaining alcohol and dagga
(e) any other unacceptable behaviour

Summarized history of User's mental health status:
.....
.....
.....
.....

Description of present mental condition:
.....
.....
.....
.....

Prognosis:
.....
.....
.....
.....

Recommendation(s):
.....
.....
.....
.....

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FORM MHCA 30

Print initials and surname: .....
(head of health establishment)
Signature: .....
Date: .....
Place: .....

Psychiatric report in terms of section 47(2) and 47(3)(a) of the Act by a psychiatrist / medical practitioner

Educational qualifications: .....
.....
Occupation of state patient before admission: .....
Nature of charge: .....

Review of medical and psychiatric history before admission:
.....
.....
.....
Present mental state and duration:
.....
.....
.....

Diagnosis:
.....
.....
.....

Treatment received in hospital:
.....
.....
.....

Prognosis:
.....
.....
.....

Recommendations:
.....
.....
.....

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FORM MHCA 30

Print initials and surname: .....
Signature: .....
(psychiatrist / medical practitioner)
Date: .....
Place: .....
Psychiatric report in terms of section 47(2) and 47(3)(a) of the Act by a psychiatrist / medical practitioner

Educational qualifications .....
.....

Occupation before admission .....
Nature of charge .....

Review of medical and psychiatric history before admission:
.....
.....
.....

Present mental state and duration:
.....
.....
.....

Diagnosis:
.....
.....
.....

Treatment received in hospital:
.....
.....
.....

Prognosis:
.....
.....
.....

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FORM MHCA 30

Recommendations:
.....
.....
.....
Signature: .....
(psychiatrist / medical practitioner)
Date: .....
Place: .....

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FORM MHCA 31

DEPARTMENT OF HEALTH

ORDER BY JUDGE IN CHAMBERS FOR CONDITIONAL DISCHARGE OF STATE PATIENT
[Section 47(6)(d) of the Act]

Surname of state patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Residential address: .....
.....
.....
.....

Nature of charge: .....
The above-mentioned state patient is hereby ordered to

(a) Remain a state patient ☐

(b) Be reclassified and dealt with as a voluntary ☐ or assisted ☐ or involuntary ☐

(c) Be discharged unconditionally ☐

(d) Be discharged conditionally ☐

Terms and conditions for conditional discharge—
.....
.....
.....
.....
Period of conditional discharge ..... (years)

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FORM MHCA 31

Name and address of custodian into whose charge the state patient is transferred:
.....
.....
.....
.....

Where the state patient's mental health status will be monitored and reviewed:
.....
(name of health establishment)

The state patient is to present him / herself to this health establishment every ..... weeks / months to be monitored and his/her mental health status reviewed.
Name of the health establishment(s) where care, treatment and rehabilitation will be provided (if different from the preceding health establishment) and the nature of this:
.....

Conditions of behaviour which must be adhered to by the state patient:
.....
.....
.....
.....

Name of psychiatric hospital / care and rehabilitation center where the state patient is to be admitted if s/he relapses or if the conditions of the conditional discharge are violated:
.....
Print initials and surname: .....
Signature: .....
(Judge in chambers)
Date: .....
Place: .....

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FORM MHCA 32

DEPARTMENT OF HEALTH

SIX-MONTHLY REPORT ON CONDITIONALLY DISCHARGED STATE PATIENT
[Section 48(3) of the Act]

Surname of state patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth ..... or estimated age: .....

Gender: Male ☐ Female ☐
Address: .....
.....
Nature of charge: .....
Date of conditional discharge: .....
Date of last report: .....

Comment on the extent to which the state patient is adhering to the terms and conditions of the discharge:
.....
.....
.....

Current mental health status of state patient:
.....
.....
.....

Recommendation to head of health establishment from where the state patient was conditionally discharged
.....
.....
.....
Print initials and surname: .....
Signature: .....
(person monitoring the state patient)
Date: .....
Place: .....

(Copies to be forwarded to the state patient, head of relevant health establishment, clerk of the court and head of national department)

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FORM MHCA 33

DEPARTMENT OF HEALTH

UNCONDITIONAL DISCHARGE BY HEAD OF HEALTH ESTABLISHMENT OF STATE PATIENT PREVIOUSLY DISCHARGED CONDITIONALLY
[Section 48(4)(a) of the Act]

Surname of state patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Address: .....
.....
Date of conditional discharge: .....
Date of expiry of conditional discharge: .....
I hereby state that the period of the above state patient's conditional discharge has expired, that he / she has complied with the terms and conditions applicable to his / her mental health status and that his / her mental health status and that his / her mental health status has not deteriorated.
The above state patient is hereby unconditionally discharged.
Print initials and surname: .....
Signature: .....
(head of health establishment)
Date: .....
Place: .....

(Copy to be forwarded to the state patient, registrar of the court concerned, the official *curator ad litem* and national department)

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FORM MHCA 34

DEPARTMENT OF HEALTH

APPLICATION TO REGISTRAR OF THE HIGH COURT FOR AN ORDER AMENDING THE CONDITIONS/REVOKING THE CONDITIONAL DISCHARGE OF A STATE PATIENT
[Section 48(5) of the Act]

Surname of state patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth: ..... or estimated age: .....
Gender: Male Female
Address: .....
.....
Nature of charge: .....
Residential address: .....
.....
.....
.....

I hereby request that the conditional discharge of the above state patient be amended or revoked.
The above state patient has not complied with the following terms and conditions of his/her conditional discharge (explain)
.....
.....
.....
and his/her mental heart status has deteriorated (explain)
.....
.....
.....

(if applicable) I recommend that the terms and conditions of the discharge be amended along the following lines:
.....
.....
.....
Print initials and surname: .....
Signature: .....
(head of health establishment)
Date: .....
Place: .....
(Copies to be forwarded to the official curator ad litem and national department)

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FORM MHCA 35

DEPARTMENT OF HEALTH

APPLICATION BY STATE PATIENT TO JUDGE IN CHAMBERS FOR AMENDMENT TO ANY CONDITION APPLICABLE TO DISCHARGE REQUESTING UNCONDITIONAL DISCHARGE
[Section 48(6) and (7) of the Act]

Surname of state Patient: .....
First name(s) of state patient: .....
File No. (if known): .....
Date of birth: ..... or estimated age .....

Gender: Male ☐ Female ☐

Residential address: .....
.....
.....
.....

Date of conditional discharge: .....
Date of last request for amendment / revocation of conditional discharge: ....
(may not be within six months of current application)
I hereby request that the following terms(s), condition(s) of my discharge be amended:
.....
.....
.....
.....

Reasons for amending condition / requesting unconditional discharge:
.....
.....
.....
.....
.....

Print initials and surname: .....
Signature: .....
(State patient)
Date: .....
Place: .....

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FORM MHCA 35

Decision by Judge in Chambers:

.....

.....

.....

.....

.....

.....

Print initials and surname: .....

Signature: .....

(Judge in Chambers)

Date: .....

Place: .....

(Copy to state patient, head of health established, head of the national department, registrar of the High Court and *curator ad litem*)

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FORM MHCA 36

DEPARTMENT OF HEALTH

ASSESSMENT OF MENTAL HEALTH STATUS OF PRISONER FOLLOWING REQUEST FROM HEAD OF A PRISON AND/OR MAGISTRATE

[Sections 50(2) or 52 of the Act]

Surname of the prisoner: .....
First name(s) of the prisoner: .....
File No. (if known): .....
Date of birth: ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Residential address: .....
.....
.....
.....

Nature of charge: .....
Prison number: .....
Date of examination: ..... Place of examination: .....
Category of designated mental health care practitioner: .....

Physical health status (filled in only by practitioner qualified to conduct physical examination)

(a) General physical health:
.....
.....
.....

(b) Are there signs of injuries? Yes ☐ No ☐

(c) Are there signs of communicable disease? Yes ☐ No ☐

If the answer to (b) or (c) if Yes, give further particulars:
.....
.....
.....

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FORM MHCA 36

Reports facts on previous observations of mental illness (state who provided this information):

.....
.....
.....

Facts concerning the mental condition of the prisoner which were observed on previous occasions (State dates and places);

.....
.....
.....

Mental health status of the User at the time of the present examination:

.....
.....
.....

Type of illness (provisional):

.....
.....
.....

In my opinion the above-mentioned prisoner—

has homicidal tendencies: Yes ☐ No ☐

has suicidal tendencies: Yes ☐ No ☐

is dangerous: Yes ☐ No ☐

Recommendation to head of prison

The prisoner is mentally ill and requires care, treatment and rehabilitation: Yes☐ No☐

In my opinion the prisoner can be given care, treatment and rehabilitation within the prison and/or in a prison hospital: Yes ☐ No☐

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FORM MHCA 36

In my opinion the mental illness is of such a nature that the prisoner should be sent to a psychiatric hospital for care, treatment and rehabilitation:

.....

.....

Plan for care, treatment and rehabilitation for prisoner:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Print initials and surname: .....

Signature: .....

(mental health care practitioner who assessed mental health status of prisoner)

Date: .....

Place: .....

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FORM MHCA 37

DEPARTMENT OF HEALTH

MAGISTERIAL ORDER TO HEAD OF PRISON TO -
(a) TRANSFER PRISONER TO HEALTH ESTABLISHMENT; OR
(b) TAKE NECESSARY STEPS TO ENSURE THAT THE REQUIRED LEVELS OF CARE AND TREATMENT ARE PROVIDED TO THE PRISONER CONCERNED [Sections 52(3)(a) or (b) of the Act]

Surname of the prisoner: .....
First name(s) of the prisoner: .....
.....
Date of birth; ..... or estimated age: .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐
Residential address: .....
.....
.....
Prison number: .....
Charge against prisoner: .....

I hereby order that due to mental illness / intellectual disability the above User be transferred to a designated health establishment for care, treatment and rehabilitation in accordance with the procedure in section 54 of the Act.

Note: attach copy of MHCA 36 as completed by person who assessed the mental health care status of the prisoner concerned.

OR

I hereby order that the above User be provided with the required levels of care within the prison / prison hospital*
Print initials and surname: .....
Signature: .....
(magistrate)
Date: .....
Place: .....

(Copy to be forwarded to the Review Board Curator/Administrator (if appointed) and the head of the national department)

This gazette is also available free online at www.gpwonline.co.za

FORM MHCA 38

DEPARTMENT OF HEALTH

APPLICATION TO MAGISTRATE FOR CONTINUED DETENTION OF A MENTALLY ILL PRISONER
[Sections 58(3) of the Act]

Surname of mentally ill prisoner: .....
First name(s) of mentally ill prisoner: .....
Date of birth: ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Health establishment concerned: .....
File No: .....
Prison number: .....
Charge against person: .....
The above mentally ill prisoner has been admitted at: .....(name of health establishment) as a mentally ill prisoner since: ..... (date of admission) .

The date of expiry of his / her prison sentence is: .....(date of expiry of sentence)
Application for further confinement of the User in terms of Chapter V of this Act was made on ..... by .....
In terms of section 58(3) of the Act, I hereby request permission to keep this User at this health establishment and provided care, treatment and rehabilitation pending the outcome of the application.
Print initials and surname: .....
Signature: .....
(head of health establishment)
Date: .....
Place: .....

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FORM MHCA 39

DEPARTMENT OF HEALTH

APPLICATION TO MASTER OF HIGH COURT FOR THE APPOINTMENT OF ADMINISTRATOR
[Sections 60(1) and (2) of the Act]

Surname of User in respect of whom application is made: .....
First name(s) of User: .....
Date of birth: ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Name of applicant: ..... (print initials and surname)
The above User has been admitted at: .....(name of health establishment)
Relationship of applicant to the User:
.....
If the applicant is not the spouse or next of kin:

Give reasons why the spouse or next of kin are not making the application:
.....
.....
.....

If the spouse or next of kin are not available:
What steps have been made to trace the whereabouts of the spouse or next of kin?
.....
.....
.....
All medical certificates or relevant reports related to mental health status and the ability of the User to manage his / her own property (enclose and list)
.....
.....
.....

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FORM MHCA 39

On what grounds do you belief that the User is incapable of managing his/her property?

.....

.....

.....

Have you seen the User within seven days of this application? Yes ☐ No ☐

Give details:

.....

.....

.....

Give the particulars and estimated value of the property of the User:

.....

.....

.....

What is the annual income of the User?

.....

Who, in your opinion, would be most suited to be an administrator for the property of the User?

.....

Provide further particulars of the person (e.g. relationship with User, occupation):

.....

.....

.....

Give the name(s) and contact details of people who may be able to provide further information relating to the mental health status of the User:

.....

.....

.....

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FORM MHCA 39

Attach proof that a copy of this application has been given to or served on the person in respect of whom this application is made:

.....

Signature: .....

(applicant)

Date: .....

Place: .....

Affidavit to be signed by a Justice of the Peace / Commissioner of Oaths

I, the undersigned and applicant, herby affirm that:

I am 18 years of age or older: ....

I am a relative, being .....

I am not a relative, being .....

Signature: .....

The above statements was solemnly declared or sworn before me at: .....

The respondent has acknowledged that he / she knows and understands the content of the affidavit which was sworn to / affirmed before me

Print initials and surname: .....

Signature: .....

(Justice of the Peace / Commissioner of Oaths)

Date: .....

Place: .....

Decision of Master of the High Court in terms of section 60(13) of the Act

Having considered the allegations and facts related to this application, I hereby-

(a) appoint.....(name of person) as an interim administrator pending the outcome of an investigation to be conducted;

(b) appoint ..... (name of person) as the administrator of the above User's property;

(c) order that an investigation be conducted in terms of section 60(4) of the Act;

(d) assert that no administrator should be appointed.

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FORM MHCA 39

Print initials and surname: .....
Signature: .....
(Master of the High Court)
Date: .....
Place: .....

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FORM MHCA 40

DEPARTMENT OF HEALTH

DECISION BY MASTER OF THE HIGH COURT ON APPOINTMENT OF AN ADMINISTRATOR
[Section 60(8) of the Act]

Following an investigation as set out in section 60(5) of the Act, I hereby order that:

(a) ..... (name of person) be appointed as the administrator of the property of: ..... (User's name)

(b) no administrator be appointed with respect to the property of: .....(User's name)

(c) refer the matter for the consideration of a High Court Judge in chambers.

Reason for this decision:

.....
.....
.....
.....

The powers, functions and duties of the administrator, if appointed, will be carried out in accordance with section 63 of the Act.

Print initials and surname: .....

Signature: .....

(Master of High Court)

Date: .....

Place: .....

(Copy to be forwarded to the applicant, person in respect of whom the application was made and to the head of the health establishment where the person concerned has been admitted)

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FORM MHCA 41

DEPARTMENT OF HEALTH

NOTICE OF APPEAL TO HIGH COURT JUDGE IN CHAMBERS REGARDING THE DECISION OF THE MASTER OF THE HIGH COURT TO APPOINT OR NOT TO APPOINT AN ADMINISTRATOR
[Sections 60(10) of the Act]

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age .....

Gender: Male☐ Female☐

Occupation: ..... Marital status: S☐ M☐ D☐ W☐
Residential address: .....
.....
.....
.....
Surname of applicant: .....
First name(s) of applicant: .....
Residential address: .....
.....
.....
Relationship between applicant and mental health care User: (mark with a cross)

Spouse ☐ Next of kin ☐ Other ☐ (state relationship or capacity) .....

Grounds of the appeal:
.....
.....
.....
.....

Facts on which the appeal is based:
.....
.....
.....
.....
Print initials and surname: .....
Signature: .....
(Applicant)
Date: .....
Place: .....

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FORM MHCA 42

DEPARTMENT OF HEALTH

NOTICE OF DECISION OF HIGH COURT TO APPOINT AN ADMINISTRATOR OR TO TERMINATE THE APPOINTMENT OF AN ADMINISTRATOR
[Sections 61(3) and 64(3) of the Act]

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender: Male☐ Female☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Residential address: .....
.....
.....

Appointment of administrator
Having considered all the relevant facts relating to the appointment of an administrator for the property of the above User in terms of section 61(3) of the Act, I hereby order that:
an administrator be appointed / no administrator be appointed (delete which is not applicable)

Reasons for decision:
.....
.....

Continuance / termination of administratorship:
Having considered all the relevant facts relating to the termination of the administratorship of the property of the above User in terms of section 64(3) of the Act, I hereby order that:
The powers, functions and duties of the administrator of the above User's property shall henceforth be terminated / shall continue (delete which is not applicable)
Print initials and surname: .....
Signature: .....
(Judge in the High Court)
Date: .....
Place: .....

(Copy to appellant, applicant, head of relevant health establishment, head of provincial department and, in the case of a decision regarding termination of administratorship, the administrator)

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FORM MHCA 43

DEPARTMENT OF HEALTH

NOTICE OF APPOINTMENT OF ADMINISTRATOR
[Section 62 of the Act]

I hereby appoint:
..... (name of administrator) to be the administrator of the property of ..... (name of User)

Address of administrator: .....
.....
.....
.....

With the effect from: ..... (date)

As the administrator you will take care of and administer the property of the above person and perform all acts incidental thereto and subject to any other law you will carry on the business or other undertakings of the person concerned.
You will continue to act as the administrator until your duties have been legally terminated.

Print initials and surname: .....
Signature: .....
(Master of High Court)
Date: .....
Place: .....

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FORM MHCA 44

DEPARTMENT OF HEALTH

APPLICATION FOR TERMINATION OF TERM OF OFFICE OF AN ADMINISTRATOR AND THE DECISION OF THE MASTER OF THE HIGH COURT
[Section 64 of the Act]

Name of administrator: .....
Application made by: ..... (initials and surname)
(a) person in respect of whom an administrator was appointed;
(b) the administrator;
(c) person who made the application for the appointment of an administrator.

Grounds on which the application is made:
.....
.....
.....
.....
.....
.....

N.B. All medical certificates or relevant reports subsequent to appointment of an administrator are to be enclosed.
Estimated property value: .....
Signature: .....
(Applicant)
Date: .....
Place: .....

Decision of Master of High Court
Having considered the facts relevant to this application I hereby:
(a) terminate the appointment of the administrator;
(b) decline to terminate the appointment of the administrator;
(c) refer the matter for the consideration of a High Court Judge in chambers.

Reasons for decision:
.....
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.....
.....

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FORM MHCA 44

Print initials and surname: .....
Signature: .....
(Master of High Court)
Date: .....
Place: .....

[Copy to applicant and head of health establishment]

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FORM MHCA 45

DEPARTMENT OF HEALTH

NOTICE OF APPEAL TO HIGH COURT JUDGE IN CHAMBERS REGARDING THE APPLICATION FOR THE TERMINATION OF THE TERM OF OFFICE OF AN ADMINISTRATOR
[Section 64(5) of the Act]

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age: .....

Gender: Male ☐ Female ☐

Name of applicant: .....
Appeal made by: .....
(print initials and surname)
who is a (delete where not applicable)
(a) person in respect of whom an administrator was appointed;
(b) the administrator;
(c) person who made the application for the appointment of an administrator.

Grounds for appeal:
.....
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.....
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.....
.....

Facts on which the appeal is based:
.....
.....
.....
.....
.....
.....
.....
.....

Signature: .....
(Appellant)
Date: .....
Place: .....

(Copies to Master of High Court)

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FORM MHCA 46

DEPARTMENT OF HEALTH

NOTICE OF DECISION OF HIGH COURT JUDGE IN CHAMBERS REGARDING APPEAL AGAINST DECISION OF MASTER OF HIGH COURT
[Sections 60(12) and 64(7) of the Act]

Surname of User: .....
First name(s) of User: .....
Date of birth: ..... or estimated age .....

Gender: Male ☐ Female ☐

Occupation: ..... Marital status: S ☐ M ☐ D ☐ W ☐

Residential address: .....
.....
.....
.....

Appointment of administrator

Having considered all relevant facts relating to the appointment of an administrator of the property of the above User in terms of section 61(12) of the Act, I hereby order that-
An administrator be appointed / no administrator be appointed (delete which is not applicable)

Reasons for this decision:
.....
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.....
.....
.....
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.....
.....

Termination of term of office of administrator

Having considered all the relevant facts relating to the termination of the administrator of the property of the above User in terms of section 64(7) of the Act, I hereby order that

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FORM MHCA 46

The powers, functions and duties of the administrator of the above User's property shall henceforth be terminated / shall continue (delete which is not applicable)

Reasons for this decision:

.....
.....
.....
.....
.....
.....
.....
.....

Print initials and surname: .....

Signature: .....

(Judge of the High Court)

Date: .....

Place: .....

(Copy to appellant, applicant, head of relevant health establishment, head of provincial department and, in the case of a decision regarding termination of administratorship, the administrator)

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FORM MHCA 47

DEPARTMENT OF HEALTH

REGISTER

[Regulation 33 of the Regulations]

RECORD OF ELECTRO CONVULSIVE TREATMENT (ECT)								
DATE	NAME	AGE	PHYSICAL CONDITION	NUMBER OF ECT	PRE MEDICATION	AMPERAGE	REACTION/CONDITION AFTER ECT	SIGNATURE OF MEDICAL PRACTITIONER

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FORM MHCA 48

DEPARTMENT OF HEALTH

REGISTER

[Regulation 36 and 37 of the Regulations]

MECHANICAL RESTRAINT AND SECLUSION						
Date on which restraint or seclusion was employed	NAME OF PATIENT	AGE	FILE NO	MEANS EMPLOYED FOR (A) MECHANICAL RESTRAINT (B) SECLUSION	NUMBER OF HOURS FOR WHICH EMPLOYED	Name of medical practitioner who completed and signed the certificate stating grounds on which restraint or seclusion was employed (NB: these certificates should be dated) (NB: copy of signed certificate attached)

DEPARTMENT OF HEALTH

NO. 7752 **31 July 2026**

DECLARATION OF CONTROLLED MINES AND RISK WORK

I, Dr PA Motsoaledi, Minister of Health, hereby in terms of section 10 of the Occupational Diseases in Mines and Works Act, 1973 (Act No. 78 of 1973), declare the following mines to be controlled mines with effect from 1 September 2026:

a) The mine known as **Blurock Quarries** on Portion of Erf 4563, A portion of Erf 4564 & Erf 4565, near Estcourt in the province of Kwazulu Natal;
b) The mine known as **New Kleinfontein Gold Mine – Modder East Operations** on the farms Modder East 72 IR, Daveyton 73 IR, Cloverfield 75 IR, Welgedacht 74 IR, Geduld 123 IR and Modderfontein 76 IR, near Benoni in the province of Gauteng;
c) The mine known as **Naudesbank Colliery** situated on the farms Naudesbank 172 IS, Vaalwater 173 IS, Kromkrans 208 IS, Jagtlust 47 IT, Steynsdraai 46 IT, Vaalbult 3 IT and Twyfelaar 171 IS, near Carolina in the province of Mpumalanga;
d) The mine known as **Bafokeng Rasemone Platinum Mine** on Portions 1 and 2 of the farm Boschkoppie 104 JQ and the remaining portions of the farm Boschkoppie 104 JQ, near Rustenburg in the North West province;
e) The mine known as **Styldrift Mine** on the farms Styldrift 90 JQ and Frischgewaagd 96 JQ, near Rustenburg in the province of Gauteng.
f) The mine known as **Cape Bentonite Mine** on Princess Farm, Heidelberg Erf 1412, near Heidelberg in the province of Gauteng.

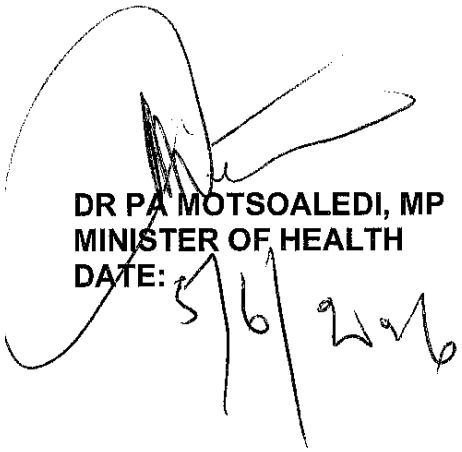
I hereby, in terms of section 13 of the said Act, declare the following work at the said mines to be risk work with effect from the same date:

Excavations: Any work in underground or open workings.

On the surface: Any work-

(i) at surface bins;
(ii) where the moving, transfer or handling of stone, rock, ore, coal or other minerals takes place, including any loading operation at subsidiary sidings;
(iii) where the crushing, screening or classification of stone, rock, ore, coal or other minerals takes place, except where this is carried out under water;
(iv) at tube mill plants, rotary filter plants and smelt-houses;
(v) on or at waste dumps, ore dumps, coal dumps or slimes dams, except where the materials are being deposited in the form of slime;
(vi) in blacksmith shops, boilermaker shops, truck repair shops, welding shops and drill-sharpening shops or at any other place where drills are sharpened;
(vii) in change-houses where persons performing risk work change their clothing;
(viii) in assay laboratories and coal laboratories, except separately ventilated parts thereof where only wet assays are done and no treatment of dry stone, rock, ore, coal or other minerals takes place;

(ix) where samples of crushed ore, coal or other minerals are graded in a dry state; and
(x) where rock drilling is done.



DR PA MOTSOALEDI, MP
MINISTER OF HEALTH
DATE: 5/6/2026

DEPARTMENT OF HEALTH

NO. 7753 **31 July 2026**

FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972
(ACT 54 OF 1972)

ENFORCEMENT BY LOCAL AUTHORITY

I, Dr A Motsoaledi, Minister of Health, hereby authorise under section 23 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), the following District Municipalities to enforce sections 10 (3) (b), 11 and 24 of the said Act within their respective areas of jurisdiction and through their duly authorised officers:

1. Sarah Baartman District Municipality
2. Joe Gqabi District Municipality
3. Xhariep District Municipality

Repeal

This Notice repeals Government Notice No. R953/2006 and R818/2007, in so far as they authorized Cacadu District Municipality and Ukhahlamba District Municipality. The said municipalities are hereby re-authorized under their new names, Sarah Baartman District Municipality and Joe Gqabi District Municipality, respectively

DR A. MOTSOALEDI
MINISTER OF HEALTH
DATE: 21 / 5 / 2026

MAINTENANCE ACT, 1998 (ACT NO. 99 0F 1998)
AMENDMENT OF REGULATIONS RELATING TO MAINTENANCE

N 6

I, Mmamoloko Tryphosa Kubayi, Minister of Justice and Constitutional Development, has under section 44 of the Maintenance Act, 1998 (Act No. 99 of 1998), made the regulations in the Schedule.

Given under my hand at Pretoria on 10 day of July 2026

Ms MT Kubayi, MP
Minister of Justice and Constitutional Development

SCHEDULE

Definitions

1. In this Schedule "the Regulations" means the Regulations relating to Maintenance published under Government Notice No. R. 1361 of 15 November 1999, as amended by Government Notices No's. R. 1099 of 3 November 2006, R. 966 of 6 September 2017 and R. 1473 of 21 December 2017.

Amendment of regulation 12 of the Regulations

2. Regulation 12 of the Regulations is hereby amended by the substitution for subregulation (1) in the Regulations of the following subregulation:

"(1) Upon the variation or setting aside of an order contemplated in section 19 of the Act, the maintenance officer shall, inform—

(a) the person required to make a payment in terms of the maintenance order;

(b) the person in whose favour the maintenance order has been made; and

(c) the person on whom a notice referred to in section 16(3)*(a)* of the Act has been served,

of the variation or the setting aside of the order by a notice which shall substantially correspond with Form J of the Annexure, and in the event of a variation order, attach a copy of that order to the notice.

(2) The maintenance officer shall keep record of the manner in which the notice referred to in subregulation (1) or (2) was submitted.".

Amendment of Form J to the Annexure to the Regulations

3. The Annexure to the Regulations is hereby amended by the amendment of Form J:

"FORM J
[Regulation 12]
REQUEST FOR VARIATION OF MAINTENANCE ORDER IN TERMS OF S19 OF THE MAINTENANCE ACT, 1998 (ACT NO. 99 OF 1998)

Reference No: _____

In the maintenance matter between:

_____ Applicant

and

_____ 1st Respondent
(Person against whom maintenance order was made)

_____ 2nd Respondent
(Financial institution or person having the funds due to the respondent)

_____

To the Magistrate of the Maintenance Court, _____

1. I, _____
(Full names of person, MAINTENANCE OFFICER.)

Persal :_____hereby request for variation of the order dated (DD-MM-YYYY)_____**(copy of duly served order is attached).**

2. The reason for the request for variation is based on the following:

_____
_____
_____
_____
_____

3. In support of my request, I hereby attach a copy of the maintenance order **[*declare under oath/truly affirm that]** in terms of section 19 of the Act, a Maintenance Court that has made an order in terms of section 16(1)*(a)*(i) or *(b)*(i) may vary such order by changing the _____ _____ _____ _____ _____.

Dated at _____ this ___ day of_____20_____

_____(Signature)
Maintenance Officer

PART B: CERTIFICATION

I certify that before administering the *oath/affirmation I asked the Deponent the following questions and noted *his/her answers in * his/her presence as indicated below.

(a) Do you know and understand the contents of the above declaration?
Answer: Yes/No.
(b) Do you have any objection to taking the prescribed oath?
Answer: No/Yes.
(c) Do you consider the prescribed oath to be binding on your conscience?
Answer: Yes/No

I certify that the Deponent has acknowledged that he/she knows and understands the contents of this declaration. The deponent uttered the following words *"I swear that the contents of the declaration are true, so help me God." / "I truly affirm that the contents of the declaration are true." The signature/mark of the deponent was affixed to the declaration in my presence.

_____
Commissioner of Oaths

Full Names and Surname (block letters): _____
Designation (rank) : _____
Business Address (street address must be stated):_____

Dated at _____ this _____ day of _____20_____

*Delete whichever is not applicable"

Short title

4. These regulations are called the Amendment of Regulations Relating to Maintenance, 2026.

DEPARTMENT OF PUBLIC WORKS AND INFRASTRUCTURE

NO. 7755 **31 July 2026**

AGRÉMENT SOUTH AFRICA
(Approval of innovative construction products and systems)

Notice is hereby given that Agrément South Africa has, with effect from 29 April 2026, **suspended** an Agrément certificate, details of which appear in the schedule hereto.

SCHEDULE

Subject: Besta Board Building System

Certificate holder: Fast Track Contracting (Pty) Ltd

Agrément certificate 2015/482 (Reappraisal October 2024), a notice of the granting of which was given under Gazette 39825 Notice 301 dated 18 March 2016, have been suspended.

Subject: Flomac Water and Liquid Storage Tanks

Certificate holder: Flomac Industries (Pty) Ltd

Agrément certificate 2017/542 (Amended August 2021), a notice of the granting of which was given under Gazette 48841 Notice R3599 dated 23June 2023, have been suspended.

Subject: S50Fibre Reinforced Crack Repair and Waterproofing System

Certificate holder: Geotech Nano Chemicals (Pty) Ltd

Agrément certificate 2017/551, a notice of the granting of which was given under Gazette 41362 Notice 1491 dated 29 December 2017, has been suspended.

Subject: Lambuilt Building System

Certificate holder: Lambuilt (Pty) Ltd

Agrément certificate 2021/623, a notice of the granting of which was given under Gazette 50687 Notice 4877 dated 24 May 2024, have been suspended.

Subject: Geotex 500 and 600 Series Macro-Synthetic Fibres

Certificate holder: Plusnet/Geotex [a division of Caroline Investments (Pty) Ltd

Agrément certificate 2017/546, a notice of the granting of which was given under Gazette 41362 Notice 1503 dated 29 December 2017, have been suspended.

Subject: Compressed Earth Blocks Building System

Certificate holder: Use-it

Agrément certificate 2011/397 (Amended December 2016), a notice of the granting of which was given under Gazette 36326 Notice 306 dated 03 April 2013, have been suspended.

DEPARTMENT OF PUBLIC WORKS AND INFRASTRUCTURE

NO. 7756 **31 July 2026**

AGRÉMENT SOUTH AFRICA
(Approval of innovative construction products and systems)

Notice is hereby given that Agrément South Africa has, with effect from 29 April 2026, **suspended** an Agrément certificate, details of which appear in the schedule hereto.

SCHEDULE

Subject: Polymer Modified Bitumen Stabilising Material (Only valid in Namibia)

Certificate holder: New Age Road Solutions

Agrément certificate 2017/543, a notice of the granting of which was given under Gazette 41362 Notice 1500 dated 29 December 2017, have been suspended.

Subject: Polymer Modified Bitumen Stabilising Material

Certificate holder: New Age Road Solutions

Agrément certificate 2018/564, a notice of the granting of which was given under Gazette 42240 Notice 195 dated 22 February 2019, have been suspended.

Subject: TES Non-Intrusive Loop Traffic Monitoring System

Certificate holder: TES Trust

Agrément certificate 2015/503 (Reappraisal April 2025), a notice of the granting of which was given under Gazette 39825 Notice 319 dated 18 March 2016, have been suspended.

Subject: TES Intrusive Loop Traffic Monitoring System Type C1

Certificate holder: TES Trust

Agrément certificate 2016/522 (Reappraisal April 2025), a notice of the granting of which was given under Gazette 41224 Notice R1171 dated 03 November 2017, have been suspended.

Subject: TES Class I Weigh-in-Motion Monitoring System Type B1

Certificate holder: TES Trust

Agrément certificate 2017/548 (Reappraisal April 2025), a notice of the granting of which was given under Gazette 41362 Notice 1486 dated 29 December 2017, have been suspended.

Subject: TES Infra-Red Beam Axle Sensors Traffic Monitoring System Type B1

Certificate holder: TES Trust

Agrément certificate 2017/549 (Reappraisal April 2025), a notice of the granting of which was given under Gazette 41362 Notice 1488 dated 29 December 2017, have been suspended.

Subject: TES Class II Weigh-in-Motion Monitoring System Type B1

Certificate holder: TES Trust

Agrément certificate 2017/550 (Reappraisal April 2025), a notice of the granting of which was given under Gazette 41362 Notice 1489 dated 29 December 2017, have been suspended.

DEPARTMENT OF PUBLIC WORKS AND INFRASTRUCTURE

NO. 7757 **31 July 2026**

AGRÉMENT SOUTH AFRICA
(Approval of innovative construction products and systems)

Notice is hereby given that Agrément South Africa has, with effect from 29 April 2026, **suspended** an Agrément certificate, details of which appear in the schedule hereto.

SCHEDULE

Subject: Water Wheelbarrow Tank

Certificate holder: Virgin Creatives (Pty) Ltd

Agrément certificate 2021/621, a notice of the granting of which was given under Gazette 50687 Notice R4875 dated 24 May 2024, has been suspended.

Subject: Isoboard Cavity Wall Insulation

Certificate holder: Isofoam SA (Pty) Ltd

Agrément certificate 2000/276 has been suspended.

Subject: Isoboard Inverted Roof Insulation

Certificate holder: Isofoam SA (Pty) Ltd

Agrément certificate 2000/277 has been suspended.

Subject: Isoboard Over Pulin Roof Insulation

Certificate holder: Isofoam SA (Pty) Ltd

Agrément certificate 2001/287 (Amended 2005) has been suspended. The original certificate was gazetted under Gazette 29055 Notice R999 dated 21 July 2006.

Subject: Isoboard Nail Up Insulation Ceilings

Certificate holder: Isofoam SA (Pty) Ltd

Agrément certificate 2006/323 has been suspended. The original certificate was gazetted under Gazette 29397 Notice R1683 dated 24 November 2006.

Subject: Isoboard Over Rafter and Truss Insulation

Certificate holder: Isofoam SA (Pty) Ltd

Agrément certificate 2010/382 has been suspended. The original certificate was gazetted under Gazette 34214 Notice R244 dated 21 April 2011.

Subject: Exelis Development Building System

Certificate holder: Exelis Development (Pty) Ltd

Agrément certificate 2013/436 (Reappraisal July 2024) has been suspended. The original certificate was gazetted under Gazette 37768 Notice R495 dated 25 June 2014.

DEPARTMENT OF PUBLIC WORKS AND INFRASTRUCTURE

NO. 7758 **31 July 2026**

AGRÉMENT SOUTH AFRICA
(Approval of innovative construction products and systems)

Notice is hereby given that Agrément South Africa has, with effect from 31 March 2026, **amended** an Agrément certificate, details of which appear in the schedule hereto.

SCHEDULE

Agrément certificate 2025/658 (Amended March 2026): Green Crete Smart Block 2

Subject: Green Crete Smart Block 2

Certificate holder: Green Crete manufacturing

Description: Green Crete Smart Block 2 buildings comprise walls made of prefabricated modules, a conventional foundation and a roof with insulated ceiling. The conventional foundation is the concrete rafts with thickened edge beams and is always the responsibility of a registered professional competent engineer.

The building modules are light-weight masonry which are made from a mixture of fly ash, slag, waste polystyrene, cement and polymer binders and have a density of 485 kg/m^3. The modules are 700 mm x 340 mm x 120 mm. Walls are clad with an alkali-resistant glass fibre crinnete before the application of a 4 mm thick waterproofing plaster to hold the crinnete, then finished with a 15 mm layer of plaster.

Roof trusses are conventional timber construction that complies with **SANS 10400 Part L** and covered with light- or heavy-weight cladding. Roofs can also be constructed out of light-gauge galvanised steel channel sections that comply with **SANS 517** with heavy-weight cladding.

All other services are conventional

The Agrément certificate contains detailed information on the product and can be accessed at http://www.agrement.co.za.

Copies are obtainable from: Chief Executive Officer (CEO) Agrément South Africa, P O Box 1022, GARSFONTEIN, 0042

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NO. 7759 **31 July 2026**

NOTICE OF WITHDRAWAL IN TERMS OF THE SECTION 11 A (3) RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

WHEREAS, during further investigation in so far as it relates to the land claim pertaining to the property referred to below, the Regional Land Claims Commissioner, has reason to believe that the criteria set out in Section 11 (1) (b) of the Act, has not been met such that there was no community that was dispossessed in terms of section 2(1)(d) of the Act.

WHEREAS a Notice of Intention to Withdraw Government Gazette 32212, Notice No. 495 of 2009 dated 15 May 2009 was published in terms of Section 11A(2) under Government Gazette No. 51500, Notice No.5509, dated 4 November 2024.

THEREFORE Notice is hereby given in terms of Section 11 A (3) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) as amended that the claim for the restitution of land rights lodged on behalf of Impokoma Community which was published in the Government Gazette No.32212 dated 15 May 2009, Notice No.495 of 2009 under reference number KRP 5085 in respect of the properties described hereunder is finally **WITHDRAWN** by Regional Land Claims Commissioner

1. WINTERSHOEK 424 JS

Description of property	Owner of Property	Title Deed Number	Extent of Property	Bonds	Bond Holder	Other Endorsements
Portion 1	Impokoma Communal property association (CPA2014/1389)	T14672/2014	249.3358	-	-	K2324/1993RM K3058/1977RM

2. WINTERSHOEK 390 JS

Description of property	Owner of Property	Title Deed Number	Extent of Property	Bonds	Bond Holder	Other Endorsements

Portion 1 Remaining extent	Impokoma Communal Property Association (CPA2014/1389)	T14333/2014	152.8792	-	-	K2174/1978RM K2175/1978RM K2176/1978RM K279/1954RM K3803/1997RM K670/1983RM
Portion 13	Marais Jacobus Francois (6511275109080)	T21102/1996	194.8367	-	-	-
Portion 17	Impokoma Communal Property Association (CPA2014/1389)	T14333/2014	31.4825	-	-	-
Portion 20	Henko Trust (6375/2003)	T69738/2006	328.2387	-	-	-
3. GENERAALSDRAAI 423 JS						
Remaining extent of the farm	National Government of the Republic of South Africa	T2372/2015	504.1533	-	-	K440/1942RM K5610/1993S VA94/1982-23525/960T
The Remaining Extent of Portion 3	Umsimbithi Mining PTY LTD (200601091107)	T11816/2012	243.6348	-	-	VA877/2016
The Remaining Extent of Portion 5	Impokoma Communal Property Association (CPA2014/1389)	T14333/2014	430.0884	-	-	-

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Portion 6	Impokoma Communal Property Association (CPA2014/1389)	T14333/2014	64.6368	-	-	-
Portion 13	Prinsloo Willem Jacobus (6406015127080)	T21724/2002	1.2962	-	-	K428/2022S K69/2010S
Portion 15	Umsimbithi Mining PTY LTD (200601091107)	T11816/2012	171.3064	B3245/2025	Industrial Development Corporation of South Africa LTD	V877/2016
The Remaining Extent of Portion 16	Umsimbithi Mining PTY LTD (200601091107)	T11816/2012	128.1599	B3245/2025	Industrial Development Corporation of South Africa LTD	V877/2016

Commissioner for Restitution of Land Rights
Private Bag X 11330
Nelspruit
1200

30 Samora Machel Drive
Nelspruit
TEL NO: 013 756 6000
FAX NO: 013 752 3859

MR L.H MAPHUTHA
THE REGIONAL LAND CLAIMS COMMISSIONER
MPUMALANGA PROVINCE
DATE: 26/07/26

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CONTINUES ON PAGE 130 OF BOOK 2

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Contact Centre Tel: 012-748 6200. eMail: info.egazette@gpw.gov.za
Publications: Tel: (012) 748 6053, 748 6061, 748 6065

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Government Gazette
Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Vol. 733 31 July Julie 2026 No. 55097

PART 2 OF 2

N.B. The Government Printing Works will not be held responsible for the quality of "Hard Copies" or "Electronic Files" submitted for publication purposes

ISSN 1682-5845
9 771682 584003 55097

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DEPARTMENT OF TRANSPORT

NO. 7760 **31 July 2026**

SOUTH AFRICAN CIVIL AVIATION AUTHORITY
SUID-AFRIKAANSE BURGERLUGVAARTOWERHEID

WITHDRAWAL OF NOTICE OF APPLICATION FOR AN AERODROME LICENCE

The Civil Aviation Authority hereby withdraws the **Notice of Application for an Aerodrome Licence** in respect of **Atlantic Aerodrome**, published under Government Notice No. 54998 dated **17 July 2026**, with immediate effect.

The notice is withdrawn due to an administrative error relating to the period for the submission of written representations and the address to which such representations were required to be submitted.

A revised **Notice of Application for an Aerodrome Licence**, containing the correct closing date for the submission of comments and the correct address for the submission of representations, will be published separately.

Ms Poppy Khoza
Director of Civil Aviation

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4054 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties has been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**That portion of Durban commonly known as 330 Benoni, Cato Manor**
Extent of property	:	**15 square metres**
District Municipality	:	**eThekwini District Municipality**
Local Municipality	:	**eThekwini Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Claimant	:	**Constance Bhengu**
Date claim lodged	:	**12 November 1996**
Reference number	:	**KRN6/2/3/E/8/817/2716/2639**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

The Regional Land Claims Commissioner: KwaZulu-Natal
Private Bag X9120
Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4055 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**A portion of Erf 166 Kranskop**
Extent of property	:	**7, 3253 hectares**
District Municipality	:	**uMzinyathi District Municipality**
Local Municipality	:	**uMvoti Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Claimant	:	**Jabulisiwe Siziwe Ngobese on behalf of the Diphini Families**
Date claim lodged	:	**15 November 1998**
Reference number	:	**KRN6/2/2/E/46/0/0/14**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

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Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4056 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**A portion of Portion 1 of the farm Middel Plaats No. 1281**
Extent of property	:	**4, 3500 hectares**
District Municipality	:	**uThukela District Municipality**
Local Municipality	:	**Inkosi Langalibalele Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Current Title Deed No.	:	**T62047/2005**
Current Owner	:	**Silindokuhle Community Trust-Trustees**
Bonds & Restrictive Conditions (Interdicts)	:	**None**
Claimant	:	**Tshengisile Isabel Dlamini**
Date claim lodged	:	**30 December 1998**
Reference number	:	**KRN6/2/2/E/51/0/0/16**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

The Regional Land Claims Commissioner: KwaZulu-Natal
Private Bag X9120
Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4057 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**Sub J of 24 of C No. 3 Block F of Cotton Lands No. 1575, now known as Portion 1889 of the farm Cotton Lands No. 1575**
Extent of property	:	**2884 square metres**
District Municipality	:	**eThekwini District Municipality**
Local Municipality	:	**eThekwini Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Previous Title Deed No.	:	**T1746/1979**
Current Title Deed No.	:	**T1746/1979**
Current Owner	:	**R S A**
Bonds & Restrictive Conditions (Interdicts)	:	**I-1579/1983LG**
Claimant	:	**Sinivass Sitaram Maharaj**
Date claim lodged	:	**21 December 1998**
Reference number	:	**KRN6/2/3/E/8/817/2484/18**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

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Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

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AMENDMENT NOTICE

GENERAL NOTICE IN TERMS OF SECTION 11 A (4) OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Amending Notice 255 of 2017 published in Government Gazette No.40733 of 31st March 2017 and amendment Notice 437 of 2017 published in Government Gazette No.40898 of 9th June 2017 lodged by Inkosi Mthiyane on behalf of the Mthiyane Tribe (Mandlazini), under Reference No. **KRN6/2/2/E/21/0/0/3** to **INCLUDE** the properties listed in the table below:

NO.	PROPERTY DESCRIPTION	EXTENT	CURRENT TITLE DEED NO.	CURRENT OWNER
1	Portion 1 of Richards Bay No. 11433	191.2755 ha	T18910/1980	Transnet Ltd
2	Portion 2 of Richards Bay No. 11442	267.8946 ha	T21596/1981	Transnet Ltd
3	Portion 1 of Richards Bay No. 11472	9.4579 ha	T24438/1997	Transnet Ltd
4	Portion 2 of Richards Bay No. 11472	4.2762 ha	T24439/1997	Transnet Ltd
5	Portion 3 of Richards Bay No. 11472	20.1284 ha	T26045/1997	Transnet Ltd
6	Portion 4 of Richards Bay No. 5333	0.3850 ha	T13112/1982	Transnet Ltd
7	Portion 7 of Richards Bay No. 5333	57.5640 ha	T13112/1982	Transnet Ltd
8	Remainder of Portion 8 of Richards Bay No. 5333	19.7589 ha	T29471/1984	Transnet Ltd
9	Portion 10(of 2) of Richards Bay No. 5333	0.1507 ha	T14414/1982	Transnet Ltd
10	Portion 21 (of 8) of Richards Bay No. 5333	258.6802 ha	T2562/1992	Transnet Ltd
11	Portion 22 of Richards Bay No. 5333	0.0170 ha	T31249/1991	Transnet Ltd
12	Portion 45 of Richards Bay No. 5333	94.9929 ha	T33569/1996	Transnet Ltd
13	Portion 0 of Lot 233 Umhlathuzi No. 16230	682.0950 ha	T10589/1994	Transnet Ltd
14	Portion 1 of Lot 233 Umhlathuzi No. 16230	18.7009 ha	T10590/1994	Transnet Ltd
15	Portion 3 of Lot 233 Umhlathuzi No. 16230	0.1324 ha	T33602/1994	Transnet Ltd
16	Portion 4 of Lot 233 Umhlathuzi No. 16230	2.9566 ha	Not Registered	
17	Portion 5 of Lot 233 Umhlathuzi No. 16230	1.9297 ha	Not Registered	
18	Portion 10 of Lot 233 Umhlathuzi No. 16230	0.0488 ha	T11779/2005	Transnet Ltd
19	Portion 11 of Lot 233 Umhlathuzi No. 16230	2.1533 ha	T58501/2006	Transnet Ltd
20	Portion 53 of Lot 233 Umhlathuzi No. 16230	0.3902 ha	T11779/2005	Transnet Ltd
21	Portion 54 of Lot 233 Umhlathuzi No. 16230	0.5365 ha	T11779/2005	Transnet Ltd

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISISONER: KWAZULU NATAL
DATE:

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AMENDMENT NOTICE

GENERAL NOTICE IN TERMS OF SECTION 11 A (4) OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Amending Notice 332 of 2004 published in *Government Gazette* No. 26112 on 12 March 2004 in respect of Ghoonaseelan Manikkam, under Reference No. **KRN6/2/3/E/8/817/2723/264** to:

1. REPLACE

NO.	REFERENCE NUMBER	NAME OF CLAIMANT	PROPERTY DESCRIPTION	EXTENT	PREVIOUS TITLE DEED NUMBER	DATE OF LODGEMENT
42	KRN6/2/3/E/8/817/2723/264	Ghoonaseelan Manikkam	Lot D of Lot 11 of Lot E of Lot A of Lot 18B No.1539	8093.8 sqm	T21368/1969	8 June 1995

2. WITH

NO.	REFERENCE NUMBER	NAME OF CLAIMANT	PROPERTY DESCRIPTION	EXTENT	PREVIOUS TITLE DEED NUMBER	DATE OF LODGEMENT
42	KRN6/2/3/E/8/817/1970/174	Ghoonaseelan Manikkam	A portion of Lot D of Lot 11 of Lot E of Lot A of Lot 18B No.1539, now known as Portion 0 of Erf 3243 Durban North	0, 2023 ha	T21368/1969	8 June 1995

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISISONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4060 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**Portion 482 of Erf 1575 Cotton Lands, previously known as Sub A of Lot 25, Block B of Cotton Lands No. 1575**
Extent of property	:	**10, 1172 hectares**
District Municipality	:	**eThekwini District Municipality**
Local Municipality	:	**eThekwini Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Previous Title Deed No.	:	**T15484/1979**
Current Title Deed No.	:	**T15484/1979 and T2495/1978**
Current Owner	:	**R S A**
Bonds & Restrictive Conditions (Interdicts)	:	**I-1579/1983LG**
Claimant	:	**Chandabelly Mathura**
Date claim lodged	:	**30 January 1998**
Reference number	:	**KRN6/2/3/E/8/817/2484/2**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

The Regional Land Claims Commissioner: KwaZulu-Natal
Private Bag X9120
Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4061 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**Portion 482 of Erf 1575 Cotton Lands, previously known as Sub A of Lot 25, Block B of Cotton Lands No. 1575**
Extent of property	:	**10, 1172 hectares**
District Municipality	:	**eThekwini District Municipality**
Local Municipality	:	**eThekwini Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Previous Title Deed No.	:	**T15484/1979**
Current Title Deed No.	:	**T15484/1979 and T2495/1978**
Current Owner	:	**R S A**
Bonds & Restrictive Conditions (Interdicts)	:	**I-1579/1983LG**
Claimant	:	**Lilkumar Mohun**
Date claim lodged	:	**28 December 1998**
Reference number	:	**KRN6/2/3/E/8/817/2484/25**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

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Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4062 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**A 1/100th share in Subdivision A of the farm Stein Coal Spruit No. 1171, now described as portion of Portion 1 (Remaining Extent) of the farm Stein Coal Spruit No. 1171**
Extent of property	:	**8, 2434 hectares**
District Municipality	:	**uThukela District Municipality**
Local Municipality	:	**Alfred Duma Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Current Title Deed No.	:	**Multiple Title Deed Numbers**
Current Owner	:	**Multiple Owners**
Bonds & Restrictive Conditions (Interdicts)	:	**I-85/2018C; VA1394/2021**
Claimant	:	**Nomusa Florence Mthethwa**
Date claim lodged	:	**31 December 1998**
Reference number	:	**KRN6/2/2/E/17/0/0/233**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

The Regional Land Claims Commissioner: KwaZulu-Natal
Private Bag X9120
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Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4063 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**Portion 5 of the farm Platt Estate No. 17844**
Extent of property	:	**384, 0437 hectares**
District Municipality	:	**Harry Gwala District Municipality**
Local Municipality	:	**Ubuhlebezwe Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Current Title Deed No.	:	**T5406/1962**
Current Owner	:	**Regional & Land Affairs**
Bonds & Restrictive Conditions (Interdicts)	:	**None**
Claimant	:	**Mphikwa Elphas Ngcongo**
Date claim lodged	:	**28 December 1998**
Reference number	:	**KRN6/2/2/E/16/0/0/147**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

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Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

DEPARTMENT OF RURAL DEVELOPMENT AND LAND REFORM

NOTICE 4064 OF 2026

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: KwaZulu-Natal and that the Commission on Restitution of Land Rights will further investigate the claim in terms of provisions of the Act in due course:

Property	:	**see attached schedule**
Extent of property	:	**see attached schedule**
District Municipality	:	**eThekwini District Municipality**
Local Municipality	:	**eThekwini Local Municipality**
Administrative District	:	**KwaZulu-Natal**
Previous Title Deed No.	:	**see attached schedule**
Current Title Deed No.	:	**see attached schedule**
Current Owner	:	**see attached schedule**
Bonds & Restrictive Conditions (Interdicts)	:	**see attached schedule**
Claimant	:	**Anildutt Rampersad**
Date claim lodged	:	**December 1998**
Reference number	:	**KRN6/2/3/E/8/817/1970/214**

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **30 days** from the date of publication of this notice, any representations and/or information which shall assist the Commissioner in proving or disproving this claim.

Should no information and/ or representations from the affected party/ parties be forthcoming within the stipulated period, the affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

The Regional Land Claims Commissioner: KwaZulu-Natal
Private Bag X9120
Pietermaritzburg 3200

Tel: (033) 355 - 8400
Fax: (033) 342 - 3409

Submissions may also be delivered to Second Floor, African Life Building, 200 Church Street, Pietermaritzburg.

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

SCHEDULE

NO.	PROPERTY DESCRIPTION	EXTENT	PREVIOUS TITLE DEED NO.	CURRENT TITLE DEED NO.	CURRENT OWNER	BONDS & RESTRICTIVE CONDITIONS (INTERDICTS)
1	Portion 0 (Remaining Extent) of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0751 ha	T5186/1960	T6184/2022	Bongani Victor Nhlapo	B3289/2022 B3760/2024
2	Portion 1 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0822 ha	T5186/1960	T26779/2005	Hoomagandan Pillay and Prebashini Pillay	None
3	Portion 2 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T12315/2022	Marguerita Antoinette Pitout	B6073/2022
4	Portion 3 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T415/2024	Thandeka Glenda Sibisi	B148/2024

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NO.	PROPERTY DESCRIPTION	EXTENT	PREVIOUS TITLE DEED NO.	CURRENT TITLE DEED NO.	CURRENT OWNER	BONDS & RESTRICTIVE CONDITIONS (INTERDICTS)
5	Portion 4 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T4989/2004	Bani Reuben Sikhonde and Priscilla Thandiwe Sikhonde	None
6	Portion 5 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T9352/2025	Yournell Naidoo	B4400/2025
7	Portion 6 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T21760/1994	Lynette Dawn Burgess and Terence William Burgess	B28460/1994
8	Portion 7 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T21245/2022	Vikash Bhola & Tashmeve Bhola	B10136/2022
9	Portion 8 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T36016/2024	Urban X Investments Proprietary Limited	B15886/2024
10	Portion 9 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T35017/2017	Nomalanga Nokuthula Hlophe and Brilliant Sibongakonke Hlophe	B15788/2017
11	Portion 10 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T10687/2019	Mogamat Faheem Hendricks and Zareena Hendricks	B5366/2019 I-1050/2024AT
12	Portion 11 of Erf 3221 Durban North, formerly part of Erf 3221 Durban North, previously known as Sub 2 of B of 2 of E of A of 18B No. 1539	0, 0744 ha	T5186/1960	T3976/2007	Megantheran Pillay	B4884/2007
13	Portion 3 of Erf 3237 Durban North, previously known as Sub C of 9 of E of A of 18B No. 1539	0, 1012 ha	T32259/1980	T32259/1980 T21395/2015	eThekwini Municipality	None

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AMENDMENT NOTICE

GENERAL NOTICE IN TERMS OF SECTION 11 A (4) OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994)

Amending Notice 1756 of 2005 published in *Government Gazette* No. 28038 on 23 September 2005 in respect of the Khambi Reserve Community, under Reference No. **KRN6/2/2/E/32/0/0/6** to:

1. TO REPLACE:

Claimant: Mbongo A. Mnyandu on behalf of the Khambi Reserve Community

WITH

Claimant: Mbongo Absolom Mnyandu on behalf of the Mnyandu Families

2. EXCLUDE THE PROPERTIES IN SCHEDULE BELOW:

NO.	PROPERTY DESCRIPTION	EXTENT	CURRENT TITLE DEED NO.	CURRENT OWNER	BONDS & RESTRICTIVE CONDITIONS (INTERDICTS)
1	The farm Negenuur No. 769	230, 1321 ha	T33210/1998	Sihlengeni Plase (Edms) Bpk	None
2	A portion of the consolidated Remainder of the farm Magdalena No. 856, known before consolidation as a Portion of the consolidated farm Magdalena No. 754, previously known as the remainder of Portion 1 of the farm Magdalena No. 376	765, 3637 ha	T19932/1998	Sihlengeni Plase (Edms) Bpk	I-2705/1986LG

LEBJANE MAPHUTHA
REGIONAL LAND CLAIMS COMMISSIONER: KWAZULU NATAL
DATE:

SOUTH AFRICAN REVENUE SERVICE

NOTICE 4066 OF 2026

NOTICE BY THE PRUDENTIAL AUTHORITY IN TERMS OF SECTION 30(1)(d) OF THE BANKS ACT, 1990 (ACT NO. 94 OF 1990 – the "Banks Act")

CHANGE OF NAME – TYME BANK HOLDINGS LIMITED

Notice is hereby given, for general information, that Tyme Bank Holdings Limited, registered as a controlling company in terms of section 44 of the Banks Act, changed its name to GoTyme Bank Holdings Limited with effect from 10 April 2026.

Fundi Tshazibana

N Tshazibana

CEO: Prudential Authority

DEPARTMENT OF TRADE AND INDUSTRY

NOTICE 4067 OF 2026

COMPETITION TRIBUNAL
NOTIFICATION OF DECISION TO APPROVE MERGER

The Competition Tribunal gives notice in terms of rules 34(b)(ii) and 35(5)(b)(ii) of the "Rules for the conduct of proceedings in the Competition Tribunal" as published in Government Gazette No. 22025 of 01 February 2001 that it approved the following mergers:

Case No.	Acquiring Firm	Target Firm	Date of Order	Decision
LM203Mar26	Beech Hospitality S.A R.L	Richland Holdings (Pty) Ltd	18/06/2026	Approved Subject to Conditions
LM005Apr26	Tironimus AG	Access World Group Holdings B.V	18/06/2026	Approved Subject to Conditions
LM010Apr26	Mercuria Energy Netherlands B.V	The Commodity Trading Business Assets of Tata International Ltd	18/06/2026	Approved
LM026May26	NAD Property Income Fund (Pty) Ltd	Kalahari Village Mall (Pty) Ltd	24/06/2026	Approved
LM022Apr26	Abacus Life Ltd and Abacus Insurance Ltd	The Hollard Abacus Book of Life and Non-Life Insurance Policies	24/06/2026	Approved
LM023Apr26	AMDEC Investments (Pty) Ltd	Evergreen Retirement Holdings (Pty) Ltd	24/06/2026	Approved Subject to Conditions
LM209Mar26	Chery International (Pty) Ltd	The assets related to Nissan (South Africa) (Pty) Ltd	26/06/2026	Approved Subject to Conditions
LM027May26	Spear REIT Ltd	MPW Cape Properties (Pty) Ltd	03/07/2026	Approved
LM191Feb26	Evrypart (Pty) Ltd and Epiroc Holdings South Africa (Pty) Ltd	The business conducted by Eventspec (Pty) Ltd as a going concern	06/07/2026	Approved Subject to Conditions

DEPARTMENT OF TRADE AND INDUSTRY

NOTICE 4068 OF 2026

STANDARDS ACT, 2008
STANDARDS MATTERS

In terms of the Standards Act, 2008 (Act No. 8 of 2008), the Board of the South African Bureau of Standards has acted in regard to standards in the manner set out in the Schedules to this notice.

SCHEDULE A: DRAFTS FOR COMMENTS

The following draft standards are hereby issued for public comments in compliance with the norm for the development of the South Africa National standards in terms of section 23(2)(a) (ii) of the Standards Act.
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Draft Standard No. and Edition	Title, scope and purport	Closing Date
SANS 1313-2:20xx Ed 3	Belt conveyor idlers Part 2: Link suspended idlers and fixed-form suspended idlers (metallic and non-metallic) for idler roll rotational speeds of up to 750 revolutions per minute. *Specifies requirements for link suspended conveyor belt idlers and fixed-form suspended idlers not included in SANS 1313-1.*	**2026-09-30**
SANS 60136:20xx Ed 2	Dimensions, marking and testing of carbon brushes and dimensions of brush-holders for electrical machinery. *Applies primarily to brushes and brush-holders for cylindrical commutators and slip rings for electrical rotating machines.*	**2026-09-30**
SANS 60146-1-1:20xx Ed 2	Semiconductor convertors - General requirements and line commutated convertors Part 1-1: Specification of basic requirements. *specifies the requirements for the performance of all semiconductor power converters and semiconductor power switches using controllable and/or non-controllable electronic valve devices.*	**2026-09-30**
SANS 60204-32:20xx Ed 2	Safety of machinery - Electrical equipment of machines Part 32: Requirements for hoisting machines. *Applies to the application of electrical and electronic equipment and systems to hoisting machines and related equipment*.	**2026-09-30**
SANS 60851-3:20xx Ed 3	Winding wires - Test methods Part 3: Mechanical properties. *Specifies the following test methods for winding wires: Test 6: Elongation; Test 7: Springiness; Test 8: Flexibility and adherence; Test 11: Resistance to abrasion; Test 18: Heat bonding.*	**2026-09-30**
SANS 61000-6-1:20xx Ed 3	Electromagnetic compatibility (EMC) Part 6-1: Generic standards - Immunity for residential, commercial and light-industrial environments. *Applies to electrical and electronic equipment intended for use in residential, commercial, public and light-industrial locations.*	**2026-09-30**
SANS 61000-2-9:20xx Ed 2	Electromagnetic compatibility (EMC) - Part 2-9: Environment - Description of HEMP environment - Radiated disturbance. *defines the high-altitude electromagnetic pulse (HEMP) environment that is one of the consequences of a high-altitude nuclear explosion*	**2026-09-30**
SANS 61000-4-2:20xx Ed 3	Electromagnetic compatibility (EMC) Part 4-2: Testing and measurement techniques - Electrostatic discharge immunity test. *Relates to the immunity requirements and test methods for electrical and electronic equipment subjected to static electricity discharges from operators directly and from personnel to adjacent objects*	**2026-09-30**
SANS 61291-2:20xx Ed 3	Optical amplifiers Part 2: Digital applications - Performance specification template. *Provides a performance specification template applicable to optical amplifiers (OAs) used in single channel applications*	**2026-09-30**
SANS 61968-9:XXXXX Ed 3	Application integration at electric utilities - System interfaces for distribution management Part 9: Interfaces for meter reading and control. *Specifies the information content of a set of message types that can be used to support many of the business functions related to meter reading and control.*	**2026-09-30**
SANS 62040-2:20xx Ed 3	Uninterruptible power systems (UPS) Part 2: Electromagnetic compatibility (EMC) requirements. *Applies to movable, stationary, fixed or built-in, pluggable and permanently connected UPS for use in low-voltage distribution systems with an environment being either residential, commercial, light industrial or industrial, which deliver output voltage with port voltages not exceeding 1 500 V DC or 1 000 V AC and which include an energy storage device.*	**2026-09-30**

SATR 60146-1-2:XXXXX Ed 1	Semiconductor convertors - General requirements and line commutated convertors Part 1-2: Application guide. *gives guidance on variations to the specifications given in IEC 60146-1-1:2009 to enable the specification to be extended in a controlled form for special cases*	**2026-09-30**
SANS 61558-2-9:20xx Ed 3	Safety of transformers, reactors, power supply units and combinations thereof Part 2-9: Particular requirements and tests for transformers and power supply units for class III handlamps for tungsten filament lamps. *Deals with the safety of transformers for class III handlamps for tungsten filament lamps and power supply units incorporating transformers for class III handlamps for tungsten filament lamps.*	**2026-09-30**
SANS 61558-2-10:20xx Ed 2	Safety of transformers, reactors, power supply units and combinations thereof - Part 2-10: Particular requirements and tests for separating transformers with high insulation level and separating transformers with output voltages exceeding 1 000 V. *Deals with the safety of separating transformers with high insulation level and separating transformers with output voltages exceeding 1 000 V. Covers transformers incorporating electronic circuits.*	**2026-09-30**
SANS 61558-2-12:20XX Ed 3	Safety of transformers, reactors, power supply units and combination thereof Part 2-12: Particular requirements and tests for constant voltage transformers and power supply units for constant voltage. *Deals with the safety of constant voltage transformers for general applications and power supply units for constant voltage for general applications.*	**2026-09-30**
SANS 62056-5-3:20xx Ed 3	Electricity metering data exchange - The DLMS/COSEM suite Part 5-3: DLMS/COSEM application layer. *Specifies the DLMS/COSEM application layer in terms of structure, services and protocols for DLMS/COSEM clients and servers, and defines rules to specify the DLMS/COSEM communication profiles.*	**2026-09-30**
SANS 62056-6-1:20xx Ed 3	Electricity metering data exchange - The DLMS/COSEM suite Part 6-1: Object Identification System (OBIS). *Specifies the overall structure of the OBject Identification System (OBIS) and the mapping of all commonly used data items in metering equipment to their identification codes.*	**2026-09-30**
SANS 300390:20xx Ed 1	Land Mobile Service; Radio equipment intended for the transmission of data (and speech) and using an integral antenna; Harmonised Standard covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Covers the technical requirements for radio transmitters and receivers used in stations in the Private Mobile Radio (PMR) service.*	**2026-09-30**
SANS 301360: XXXX Ed 1	Satellite Earth Stations and Systems (SES); Harmonised Standard for Satellite Interactive Terminals (SIT) and Satellite User Terminals (SUT) transmitting towards satellites in geostationary orbit, operating in the 27,5 GHz to 29,5 GHz frequency bands covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to Satellite Interactive Terminals (SIT) and Satellite User Terminals (SUT) operating as part of a bi-directional satellite network. Satellite Terminal (ST) is used in the present document as a generic name that refers equally to a SIT and/or a SUT.*	**2026-09-30**
SANS 301681:20XX Ed 1	Satellite Earth Stations and Systems (SES); Harmonised Standard for Mobile Earth Stations (MES) of Geostationary mobile satellite systems, including handheld earth stations, for Satellite Personal Communications Networks (S-PCN) under the Mobile Satellite Service (MSS), operating in the 1,5 GHz and 1,6 GHz frequency bands covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *applies to S-PCN MES for Geostationary mobile satellite systems with an EIRP less than or equal to 15 dBW.*	**2026-09-30**
SANS 301721:20XX Ed 1	Satellite Earth Stations and Systems (SES); Harmonised Standard for Mobile Earth Stations (MES) providing Low Bit Rate Data Communications (LBRDC) using Low Earth Orbiting (LEO) satellites operating below 1 GHz frequency band covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to Mobile Earth Stations (MES) providing Low Bit Rate Data Communications (LBRDC) using Low Earth Orbiting (LEO) satellites and which have the following characteristics: - - - the MES could be a Based MES (BMES), a Vehicle mounted MES (VMES), or a Portable MES (PMES); the MESs operate through satellites in Low Earth Orbit (LEO) as part of a network providing Low Bit Rate Data Communications (LBRDC)*	**2026-09-30**
SANS 301783:20xx Ed 1	Commercially available amateur radio equipment; Harmonised Standard covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to the following radio equipment types: ¿ Radio equipment intended to be used by radio amateurs within the meaning of article 1, definition 53, of the International Telecommunications Union (ITU) Radio Regulations [1] and which is available*	**2026-09-30**

	commercially.	
SANS 301842-5:20xx Ed 1	VHF air-ground Digital Link (VDL) Mode 4 radio equipment; Technical characteristics and methods of measurement for ground-based equipment; Part 5: Harmonised Standard covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to Very High Frequency (VHF) Digital Link (VDL) Mode 4 ground-based radio transmitters and receivers for air-ground communications operating in the VHF band, using Gaussian-filtered Frequency Shift Keying (GFSK) Modulation with 25 kHz channel spacing and capable of tuning to any of the 25 kHz channels from 112,000 MHz to 136,975 MHz as defined in ICAO VHF Digital Link (VDL) Standards and Recommended Practices (SARPs)*	**2026-09-30**
SANS 302574-2:20xx Ed 1	Satellite Earth Stations and Systems (SES); Harmonised Standard for Mobile Earth Stations (MES) operating in the 1 980 MHz to 2 010 MHz (earth-to-space) and 2 170 MHz to 2 200 MHz (space-to-earth) frequency bands covering the essential requirements of article 3.2 of the Directive 2014/53/EU; Part 2: User Equipment (UE) for wideband systems. *Applies to User Equipment (UE) radio equipment type which has the following characteristics: these UEs have both transmit and receive capabilities and operate in an hybrid Satellite/terrestrial network i.e. a satellite and/or Complementary Ground Component (CGC) network; the satellite component is based on GSO;these UEs operate with an assigned channel signal bandwidth (CBw) of 1 MHz or greater; these UEs may be handset, handheld, portable, vehicle-mounted, aircraft mounted device (in this case the present document refers to Aeronautical Terminal - AT) host connected, semi-fixed or fixed equipment, or may be an element in a multi-mode terminal.*	**2026-09-30**
SANS 302574-3:20xx Ed 1	Satellite Earth Stations and Systems (SES); Harmonised Standard for Mobile Earth Stations (MES) operating in the 1 980 MHz to 2 010 MHz (earth-to-space) and 2 170 MHz to 2 200 MHz (space-to-earth) frequency bands covering the essential requirements of article 3.2 of the Directive 2014/53/EU; Part 3: User Equipment (UE) for narrowband systems. *Applies to User Equipment (UE) radio equipment type which have the following characteristics: these UEs have both transmit and receive capabilities and operate in a Geostationary satellite network; these UEs operate with an assigned channel signal bandwidth (CBw) smaller than 1 MHz; these UEs may be handset, handheld, portable, vehicle-mounted, host connected, semi-fixed or fixed equipment, or may be an element in a multi-mode terminal. It may consist of a number of modules with associated connections and user interface or may be a self-contained single unit.*	**2026-09-30**
SANS 302977:20xx Ed 1	Satellite Earth Stations and Systems (SES); Harmonised Standard for Vehicle-Mounted Earth Stations (VMES) operating in the 14/12 GHz frequency bands covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to Earth Stations located on board Vehicles*.	**2026-09-30**
SANS 303039: XXXX Ed 1	Land Mobile Service; Multichannel transmitter specification for the PMR Service; Harmonised Standard covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Covers the technical requirements for multiple channel radio transmitters used in stations in the Private Mobile Radio (PMR) service. It applies to use in the land mobile service, operating on radio frequencies between 30 MHz and 3 GHz, with channel separations of < 10 kHz, 12,5 kHz, 20 kHz, 25 kHz, 50 kHz, 100 kHz and 150 kHz.*	**2026-09-30**
SANS 303084: XXXX Ed 1	Ground Based Augmentation System (GBAS) VHF ground-air Data Broadcast (VDB); Technical characteristics and methods of measurement for ground-based equipment; Harmonised Standard covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to VDB ground-air digital broadcast using Differential Eight Phase Shift Keying (D8PSK) of Ground-Based Augmentation System GBAS, intended for channel increments of 25 kHz. The VDB system provides data broadcast from ground based to aircraft systems, operating in the VHF band (108,000 MHz to 117,975 MHz).*	**2026-09-30**
SANS 303722:20XX Ed 1	Wideband Data Transmission Systems (WDTS) for Fixed Network Radio Equipment operating in the 57 GHz to 71 GHz band; Harmonised Standard for access to radio spectrum. *Specifies technical characteristics and methods of measurements for Wideband Data Transmission Systems (WDTS) fixed network radio equipment operating in the 57 GHz to 71 GHz band taking into consideration ERC/REC 70-03 [i.3] annex 3 (frequency bands c2 and c3) and Commission Decision 2006/771/EC [i.4] bands 75a and 75b.*	**2026-09-30**
SANS 303979:20xx	Satellite Earth Stations and Systems (SES); Harmonised Standard for Earth Stations	**2026-09-30**

Ed 1	on Mobile Platforms (ESOMP) transmitting towards satellites in non-geostationary orbit, operating in the 27,5 GHz to 29,1 GHz and 29,5 GHz to 30,0 GHz frequency bands covering the essential requirements of article 3.2 of the Directive 2014/53/EU. *Applies to Earth Stations on Mobile Platforms (ESOMP), which have the following characteristics.*	
SANS 303980:20xx Ed 1	Satellite Earth Stations and Systems (SES); Fixed and in-motion Earth Stations communicating with non-geostationary satellite systems (NEST) in the 11 GHz to 14 GHz frequency bands; Harmonised Standard for access to radio spectrum. *Specifies technical characteristics and methods of measurements for fixed and in-motion Earth Stations communicating with non-geostationary satellite systems (NEST) in the 11 GHz to 14 GHz FSS frequency bands, which have the following characteristics: The NEST is designed for both in-motion and stationary operation. The NEST operates in-motion on various platforms such as trains, maritime vessels, aircraft and other vehicles and, therefore, may be subject to occasional disturbances and interruptions in the satellite link. The NEST is operating as part of a satellite system used for the provision of broadband communications. The NEST is comprised of all the equipment, electrical and mechanical, from the antenna itself to the interface with other communications equipment on a mobile platform.*	**2026-09-30**
SANS 9000:20xx Ed 5	Quality management systems - Fundamentals and vocabulary. *Defines terms that apply to all quality management documents and QMS standards developed by ISO/TC 176.*	**2026-09-30**
SANS 61951-2:20xx Ed 2	Secondary cells and batteries containing alkaline or other non-acid electrolytes - Secondary sealed cells and batteries for portable applications - Part 2: Nickel-metal hydride. *Specifies marking, designation, dimensions, tests and requirements for secondary sealed nickel-metal hydride small prismatic, cylindrical and button cells and batteries, suitable for use in any orientation, for portable applications*.	**2026-09-30**
SANS 12207: XXXX Ed 4	Systems and software engineering - Software life cycle processes. *Establishes a common process framework for describing the full life cycle of software systems from conception through retirement.*	**2026-09-30**
SANS 60947-5-5: XXXXX Ed 2	Low-voltage switchgear and controlgear Part 5-5: Control circuit devices and switching elements - Electrical emergency stop device with mechanical latching function. *Provides detailed specifications relating to the electrical and mechanical construction of emergency stop devices with mechanical latching function, and to their testing*.	**2026-09-30**
SANS 60947-6-1:20xx Ed 4	Low-voltage switchgear and controlgear Part 6-1: Multiple function equipment - Transfer switching equipment. *Applies to transfer switching equipment (TSE), to be used in power systems for ensuring the continuity of the supply and allowing the energy management of the installation, by transferring a load between power supply sources, the rated voltage of which does not exceed 1 000 V AC or 1 500 V DC.*	**2026-09-30**
SANS 55010:XXXX Ed 2	Asset management - Guidance on the alignment of financial and non-financial functions in asset management. *Provides guidance on the alignment between financial and non-financial asset management functions, to improve internal controls as part of an organizations management system*.	**2026-09-30**
SANS 62109-3:XXXX Ed 1	Safety of power converters for use in photovoltaic power systems - Part 3: Particular requirements for electronic devices in combination with photovoltaic elements. *Covers the particular safety requirements for electronic elements that are mechanically and/or electrically incorporated with photovoltaic (PV) modules or systems.*	**2026-09-30**
SATS 37008:20xx Ed 1	Internal investigations of organizations – Guidance. *Gives guidance on internal investigations within organizations.*	**2026-09-30**
SANS 61850-80-1:20xx Ed 2	Communication networks and systems for power utility automation Part 80-1: Guideline to exchanging information from a CDC-based data model using IEC 60870-5-101 or IEC 60870-5-104. *Gives a guideline on how to exchange information from a CDC-based data model (for example IEC 61850 (published in South Africa as an identical adoption under the designation SANS 61850)) using IEC 60870-5-101 or IEC 60870-5-104 between substation(s) and control centre(s).*	**2026-09-30**
SANS 60364-7-717:20xx Ed 2	Low-voltage electrical installations - Part 7-717: Requirements for special installations or locations - Mobile or transportable units. *Applies to electrical installations of mobile units or transportable units.*	**2026-09-30**
SANS 14054:20xx Ed 1	Natural capital accounting for organizations - Principles, requirements and guidance. *Provides terminology,principles,requirements and guidance for the preparation of natural capital account for organisations.*	**2026-09-30**

SANS 62477-1:20xx Ed 2	Safety requirements for power electronic converter systems and equipment - Part 1: General. *Applies to power electronic converter systems (PECS), any specified accessories, and their components for electronic power conversion and electronic power switching, including the means for their control, protection, monitoring and measurement, such as with the main purpose of converting electric power, with rated system voltages not exceeding 1 000 V AC or 1 500 V DC.*	**2026-09-30**
SANS 14180:20xx Ed 3	Coal - Guidance on the sampling of coal seams. *Provides guidance on methods for taking samples from coal seams in the ground, whether from exploration areas or tenements, or from operating underground or open-cut mines*.	**2026-09-30**
SANS 18283:20XX Ed 2	Hard coal and coke - Manual sampling. *Provides the basic terms used in manual sampling of coal and coke and describes the general principles of sampling.*	**2026-09-30**
SANS 4787:20xx Ed 3	Laboratory glassware - Volumetric instruments - Methods for testing of capacity and for use. *Provides methods for the testing, calibration and use of volumetric instruments made from glass and plastic in order to obtain the best accuracy in use.*	**2026-09-30**
SANS 14064-5:20xx Ed 1	Greenhouse gases - Part 5: Guidance on activities and techniques used remotely in conducting verification and validation of greenhouse gas statements. *It gives guidance on planning,evaluating the risks,and conducting activities and techniques remotely for internal or external verification of greenhouse gas (GHG) statements.*	**2026-09-30**
SANS 60598-1:20XX Ed 8	Luminaires Part 1: General requirements and tests. *Specifies general safety requirements for luminaires, incorporating electric light sources for operation from supply voltages up to 1 000 V.*	**2026-09-30**
SANS 61204-7:XXXX Ed 2	Low-voltage power supplies, d.c. output Part 7: Safety requirements. *Specifies the safety requirements for switch mode power supply (SMPS) units supplied by source voltages up to 1 000 V AC or 1 500 V DC providing AC and/or DC output(s), except inverter output(s) establishing AC mains.*	**2026-09-30**
SANS 61558-2-7:20xx Ed 3	Safety of transformers, reactors, power supply units and combinations thereof - Part 2-7: Particular requirements and tests for transformers and power supply units for toys. *Deals with the safety of transformers for toys and power supply units incorporating 609transformers for toys*.5	**2026-09-30**
SANS 60598-2-1:20xx Ed 3	Luminaires - Part 2-1: Particular requirements - Fixed general-purpose luminaires. *Specifies requirements for fixed general-purpose luminaires for use with electric light sources on supply voltages not exceeding 1 000 V.*	**2026-09-30**
SANS 61800-2:20xx Ed 2	Adjustable speed electrical power drive systems - Part 2: General requirements - Rating specifications for adjustable speed AC power drive systems. *Applies to adjustable speed electric AC power drive systems, which include semiconductor power conversion and the means for their control, protection, monitoring, measurement and the AC motors.*	**2026-09-30**
SANS 61558-2-8:20XX Ed 3	Safety of transformers, reactors, power supply units and combinations thereof Part 2-8: Particular requirements and tests for transformers and power supply units for bells and chimes. *Deals with the safety of bell and chime transformers and power supply units incorporating bell and chime transformers*.	**2026-09-30**
SANS 27011:20xx Ed 2	Information security, cybersecurity and privacy protection - Information security controls based on ISO/IEC 27002 for telecommunications organizations. *Provides guidelines supporting the implementation of information security controls in telecommunications organizations.*	**2026-09-30**

SCHEDULE A.1: AMENDMENT OF EXISTING STANDARDS

The following draft amendments are hereby issued for public comments in compliance with the norm for the development of the South African National Standards in terms of section 23(2)(a) (ii) of the Standards Act.

Draft Standard No. and Edition	Title	Scope of amendment	Closing Date
SANS 10086-1: XXXX Ed 4.3	*The installation, inspection and maintenance of equipment used in explosive atmospheres Part 1: Installations including surface installations on mines*	Amended to update legislation and requirements.	**2026-09-30**
SANS 10086-2: XXXX Ed 2.1	*The installation, inspection and maintenance of equipment used in*	Amended to update legislation and referenced standards.	**2026-09-30**

	explosive atmospheres Part 2: Electrical equipment installed underground in mines		
SANS 10086-3: XXXX Ed 2.3	*The installation, inspection and maintenance of equipment used in explosive atmospheres Part 3: Repair and overhaul of equipment*	Amended to update the legislation	**2026-09-30**
SANS 10108:20XX Ed 7.1	*The classification of hazardous locations and the selection of equipment for use in such locations*	Amended to update legislation, referenced standards, notes in the clause on definitions, clause on classification of hazardous areas or locations (area classification).	**2026-09-30**
SANS 444:20xx Ed 1.1	*Labelling of small volume (50 ml or less) parenteral drug containers*	Amended to update referenced standards.	**2026-09-30**
SANS 1661:XXXXXX Ed 4.4	*Cord extension sets and cable reels.*	Amended to update referenced standards, and the requirements for cord extension sets and requirements for cable reels.	**2026-09-30**
SANS 61850-10:20XX Ed 2.1	*Communication networks and systems for power utility automation Part 10: Conformance testing*	Amended to update the scope, referenced standards, abbreviated terms, the clauses on device related conformance testing, tool related conformance testing, performance tests, and bibliography.	**2026-09-30**

SECTION B: ISSUING OF THE SOUTH AFRICAN NATIONAL STANDARDS

SCHEDULE B.1: NEW STANDARDS

The following standards have been issued in terms of section 24(1)(a) of the Standards Act.

Standard No. and year	Title, scope and purport
SANS 2096:2026 Ed 1	Enzyme-linked Immunosorbent Assay (ELISA) for the Determination of Microcystin and Nodularin in Water Samples. *Specifies the requirements for microcystin Enzyme-Linked Immunosorbent Assay (ELISA), an immunoassay for the quantitative and sensitive detection of microcystin and nodularin in water samples. These tests are suitable for the quantitative and qualitative (or both) detection of microcystin and nodularin in water samples.*
SANS 2145:2026 Ed 1	General performance requirements for protective clothing. *Specifies general performance requirements for protective clothing.*
SATS 17033:2026 Ed 1	Ethical claims and supporting information – Principles and requirements. *Contains principles and requirements for developing and declaring ethical claims and for providing supporting information, where specific standards have not been developed, or to supplement existing standards.*
SATS 17287:2026 Ed 1	Requirements and test methods for electronic cigarette devices. *specifies the minimum safety and technical requirements for electronic cigarette devices, e-liquid containers, and associated accessories when operated and maintained in the manner prescribed by the manufacturer*.
SANS 22373:2026 Ed 1	Security and resilience - Authenticity, integrity and trust for products and documents - Framework for establishing trustworthy supply and value chains. *Provides guidelines to identify information relevant to trustworthiness to be exchanged between supply and value chain stakeholders.*
SANS 22378:2026 Ed 1	Security and resilience - Authenticity, integrity and trust for products and documents - Guidelines for interoperable object identification and related authentication systems to deter counterfeiting and illicit trade. *Establishes a framework for identification and authentication systems*.

SANS 22381:2026 Ed 1	Security and resilience - Authenticity, integrity and trust for products and documents - Guidelines for establishing interoperability among object identification systems to deter counterfeiting and illicit trade. *Gives guidelines for establishing interoperability among independently functioning product identification and related authentication systems, as described in ISO 16678.*
SANS 22989:2026 Ed 1	Information technology - Artificial intelligence - Artificial intelligence concepts and terminology. *Establishes terminology for AI and describes concepts in the field of AI.*
SANS 23894:2026 Ed 1	Information technology - Artificial intelligence - Guidance on risk management. *Provides guidance on how organizations that develop, produce, deploy or use products, systems and services that utilize artificial intelligence (AI) can manage risk specifically related to AI.*
SANS 42001:2026 Ed 1	Information technology - Artificial intelligence - management system. *Specifies requirements for establishing, implementing, maintaining, and continually improving an Artificial Intelligence Management System (AIMS) within organizations.*
SANS 42005:2026 Ed 1	Information technology - Artificial intelligence (AI) – AI system impact assessment. *Provides guidance for organisations conducting AI system impact assessments.*
SANS 42006:2026 Ed 1	Information technology - Artificial intelligence - Requirements for bodies providing audit and certification of artificial intelligence management systems. *specifies additional requirements for ISO/IEC 17021-1 in order to enable accredited and or peer assessed certification bodies to reliably audit the management system for organizations that develop or use AI systems or both according to ISO/IEC 42001 and to make an evaluation and decision for certification*
SANS 50197-6:2026 Ed 1	Cement - Part 6: Cement with recycled building materials. *Specifies cement with recycled concrete fines whose intended use is the preparation of concrete, mortar, grout, etc.*
SANS 60364-7-701:2026 Ed 1	Low-voltage electrical installations - Part 7-701: Requirements for special installations or locations - Locations containing a bath or shower. *Applies to electrical installations in indoor or outdoor locations where a bath tub and/or a shower is intended to be permanently placed in a specific location.*
SANS 60364-5-55:2026 Ed 1	Electrical installations of buildings - Part 5-55: Selection and erection of electrical equipment – Other equipment. *Specifies requirements and recommendations for the selection and erection of low-voltage electric equipment not covered by other parts of IEC 60364-5, intended to be part of the fixed installation*
SANS 60364-5-51:2026 Ed 1	Electrical installations of buildings - Part 5-51: Selection and erection of electrical equipment - Common rules. *Provides common rules for compliance with measures of protection for safety, requirements for proper functioning for intended use of the installation, and requirements appropriate to the external influences foreseen.*
SANS 60364-5-56:2026 Ed 1	Low-voltage electrical installations - Part 5-56: Selection and erection of electrical equipment – Safety services. *Covers general requirements for safety services, selection and erection of electrical supply systems for safety services and the electrical source for safety services.*
SANS 60364-5-52:2026 Ed 1	Low-voltage electrical installations - Part 5-52: Selection and erection of electrical equipment – Wiring systems. *Deals with the selection and erection of wiring systems.*
SANS 60364-5-53:2026 Ed 1	Low-voltage electrical installations - Part 5-53: Selection and erection of electrical equipment - Devices for protection for safety, isolation, switching, control and monitoring. *Provides requirements for:a)isolation, switching, control and monitoring, and b)selection and erection of:1) devices for isolation, switching, control and monitoring, and 2) devices to achieve compliance with measures of protection for safety*.
SANS 60364-5-54:2026 Ed 1	Low-voltage electrical installations - Part 5-54: Selection and erection of electrical equipment - Earthing arrangements and protective conductors. *Addresses the earthing arrangements and protective conductors including protective bonding conductors in order to satisfy the safety of the electrical installation.*
SANS 60364-7-711:2026 Ed 1	Low-voltage electrical installations - Part 7-711: Requirements for special installations or locations - Exhibitions, shows and stands. *Applies to the temporary electrical installations of exhibitions, shows and stands (including mobile and portable displays and equipment*).
SANS 60364-7-713:2026 Ed 1	Low-voltage electrical installations - Part 7-713: Requirements for special installations or locations – Furniture. *Applies to the wiring system of furniture (and similar fitments) which is connected to the electrical installation.*

SANS 60364-7-705:2026 Ed 1	Low-voltage electrical installations - Part 7-705: Requirements for special installations or locations - Agricultural and horticultural premises. *Apply to fixed electrical installations inside and outdoors of agricultural and horticultural premises. Some of the requirements are also applicable to other locations that are in common buildings belonging to the agricultural and horticultural premises.*
SANS 60364-7-704:2026 Ed 1	Low-voltage electrical installations - Part 7-704: Requirements for special installations or locations - Construction and demolition site installations. *Lays down requirements which apply to installations for construction and demolition sites for use during the period of the construction or demolition work which are intended to be taken out of service upon completion of the works.*
SANS 60364-7-703:2026 Ed 1	Electrical installations of buildings - Part 7-703: Requirements for special installations or locations - Rooms and cabins containing sauna heaters. *Apply to:- sauna cabins erected on site, e.g. in a location or in a room;- the room where the sauna heater is, or the sauna heating appliances are installed.*
SANS 60364-7-702:2026 Ed 1	Low-voltage electrical installations - Part 7-702: Requirements for special installations or locations - Swimming pools and fountains. *Applies to electrical installations of:- basins of swimming pools and paddling pools and their surrounding zones;- areas in natural waters, lakes in gravel pits and coastal and similar areas, specially intended to be occupied by persons for swimming, paddling and similar purposes, and their surrounding zones*.
SANS 60364-7-716:2026 Ed 1	Low-voltage electrical installations - Part 7-716: Requirements for special installations or locations - ELV DC power distribution over information and communications technology (ICT) cable infrastructure. *Specifies requirements for electrical installations used for the distribution of ELV DC power through balanced information technology cables and accessories primarily intended for data transmission*.
SANS 60364-7-709:2026 Ed 1	Low-voltage electrical installations - Part 7-709: Requirements for special installations or locations -Marinas and similar locations. *Applies only to circuits intended to supply pleasure craft or houseboats in marinas and similar locations*.
SANS 60364-7-706:2026 Ed 1	Low-voltage electrical installations - Part 7-706: Requirements for special installations or locations -Conducting locations with restricted movement. *Apply to:fixed equipment within conducting locations with restricted movement; and supplies to equipment used within conducting locations with restricted movement.*
SANS 60364-8-1:2026 Ed 1	Low-voltage electrical installations - Part 8-1: Functional aspects - Energy efficiency. *Provides additional requirements, measures and recommendations for the design, erection, operation and verification of all types of low voltage electrical installation including local production and storage of energy for optimizing the overall efficient use of electricity.*
SANS 60364-7-708:2026 Ed 1	Low-voltage electrical installations - Part 7-708: Requirements for special installations or locations - Caravan parks, camping parks and similar locations. *Applies only to circuits intended to supply leisure accommodation vehicles, tents or residential park homes in caravan parks, camping parks and similar locations.*
SANS 60364-8-82:2026 Ed 1	Low-voltage electrical installations - Part 8-82: Functional aspects - Prosumer's low-voltage electrical installations. *Provides requirements and recommendations that apply to low-voltage electrical installations connected or not to a distribution network able to operate: with local power supplies, and/or with local storage units, and that monitors and controls the energy from the locally connected sources delivering it to:current-using equipment, and/or local storage units, and/or distribution networks.*
SANS 60364-7-714:2026 Ed 1	Low-voltage electrical installations - Part 7-714: Requirements for special installations or locations - External lighting installations. *Covers the requirements that apply to the selection and erection of luminaires and lighting installations forming part of an outdoor fixed installation*.
SANS 60364-7-715:2026 Ed 1	Low-voltage electrical installations - Part 7-715: Requirements for special installations or locations - Extra-low-voltage lighting installations. *Apply to extra-low-voltage lighting installations supplied from sources with a maximum rated voltage of 50 V a.c. or 120 V d.c.*
SANS 60364-7-717:2026 Ed 1	Low-voltage electrical installations - Part 7-717: Requirements for special installations or locations - Mobile or transportable units. *Applies to electrical installations of mobile units or transportable units.*

SANS 60364-7-721:2026 Ed 1	Low-voltage electrical installations - Part 7-721: Requirements for special installations or locations - Electrical installations in caravans and motor caravans. *Apply to electrical installations in caravans and motor caravans.*
SANS 60364-7-729:2026 Ed 1	Low-voltage electrical installations - Part 7-729: Requirements for special installations or locations - Operating or maintenance gangways. *Apply to basic protection and other aspects in restricted access areas with switchgear and controlgear assemblies, including requirements for operating or maintenance gangways.*
SANS 61260-3:2026 Ed 1	Electroacoustics - Octave-band and fractional-octaveband filters -Part 3: Periodic tests. *Describes procedures for periodic testing of octave-band and fractional-octave-band filters that were designed to conform to the class 1 or class 2 specifications given in IEC 61260-1 (published in South Africa as an identical adoption under the designation SANS 61260-1).*
SANS 61643-41:2026 Ed 1	Low-voltage surge protective devices - Part 41: Surge protective devices connected to DC low-voltage power systems - Requirements and test methods. *Applies to devices for surge protection against indirect and direct effects of lightning or other transient overvoltages*.
SANS 61869-20:2026 Ed 1	Instrument transformers - Part 20: Safety requirements of instrument transformers for high voltage applications. *Specifies the requirements for safe design and operation, and tests for the safety of instrument transformers whose highest voltage for equipment is higher than 1 kV AC or 1,5 kV DC.*
SANS 62232:2026 Ed 1	Determination of RF field strength, power density and SAR in the vicinity of base stations for the purpose of evaluating human exposure. *Provides methods for the determination of RF field strength, power density and specific absorption rate (SAR) in the vicinity of base stations (BS) for the purpose of evaluating human exposure.*
SATS 62786-3:2026 Ed 1	Distributed energy resources connection with the grid -Part 3: Additional requirements for stationary battery energy storage system. *Provides principles and technical requirements for distributed energy resources (DERs) connected to the distribution network, and applies to the planning, design, operation and connection of DERs to distribution networks.*
SATS 62786-41:2026 Ed 1	Distributed energy resources connection with the grid -Part 41: Requirements for frequency measurement used to control distributed energy resources (DER) and loads. *Defines minimum requirements for frequency and rate of change of frequency measurements used to control distributed energy resources (DER) and loads connected to electrical power networks*.
SANS 63056:2026 Ed 1	Secondary cells and batteries containing alkaline or other non-acid electrolytes - Safety requirements for secondary lithium cells and batteries for use in electrical energy storage systems. *Specifies requirements and tests for the product safety of secondary lithium cells and batteries used in electrical energy storage systems (Figure 2) with a maximum DC voltage of 1 500 V (nominal).*
SANS 62933-4-4:2026 Ed 1	Electrical energy storage (EES) systems - Part 4-4: Environmental requirements for battery-based energy storage systems (BESS) with reused batteries. *Describes environmental issues when reused batteries are considered for a BESS.*

SCHEDULE B.2: AMENDED STANDARDS

The following standards have been amended in terms of section 24(1)(a) of the Standards Act.

Standard No. and year	Title, scope and purport
SANS 1043:2026 Ed 3.02	Disposable sanitary pads. *Amended to change the title of the standard, and update requirements on packaging.*.
SANS 1414:2026 Ed 1.01	General specification and testing procedures for sealed insulated glass units (SIGU). *Amended to update referenced standards, and to delete reference to a trade name.*
SANS 1529-3:2026 Ed 1.02	Water meters for cold potable water Part 3: Physical dimensions. *Amended to delete the annex on notes to purchasers.*

SANS 1825:2026 Ed 4.04	Gas cylinder test stations - General requirements for periodic inspection and testing of transportable refillable gas pressure receptacles. *Amended to update the foreword, referenced standards, terms and definitions, the clauses on requirements, accreditation of test stations, identification of cylinder and preparation for inspections and tests, cylinder records and inspection reports/certificates, and on basic equipment, the annexes on withdrawn cylinder specifications, LPG cylinder inspection and test procedures, and on test date rings for cylinders.*

SCHEDULE B.3: Revised STANDARDS

The following standards have been revised in terms of section 24(1)(a) of the Standards Act.

Standard No. and year	Title, scope and purport
SANS 1539:2026 Ed 6	Appliances operating on liquefied petroleum gas (LPG) or natural gas (NG) - Safety aspects. *Covers the safety aspects of appliances that operate on liquefied petroleum gas (LPG), natural gas (NG), or biogas at a consumption rate not exceeding 10 kg/h for appliances operating on LPG and 500 MJ/h (140 kWh) for appliances operating on NG and biogas.*
SANS 1853:2026 Ed 3	Disinfectants, detergent-disinfectants and antiseptics for use in the food industry. *Specifies general requirements for disinfectants, detergent-disinfectants including antiseptics intended for use in the food industry that might come into contact with food, beverage and dairy products.*
SANS 5151:2026 Ed 3	Non-ducted air conditioners and heat pumps – Testing and rating for performance. *Specifies the standard conditions for capacity and efficiency ratings of non-ducted air-cooled air conditioners and non-ducted air to air heat pumps.*
SANS 6946:2026 Ed 2	Building components and building elements – Thermal resistance and thermal transmittance – Calculation method. *Provides the method of calculation of the thermal resistance and thermal transmittance of building components and building elements, excluding doors, windows and other glazed units, curtain walling, components which involve heat transfer to the ground, and components through which air is designed to permeate.*
SANS 10089-3:2026 Ed 5	The petroleum industry Part 3: The installation, modification, and decommissioning of underground storage tanks, pumps/dispensers and pipework at service stations and consumer installations. *Covers provisions for the installation of underground storage tanks of individual capacity not exceeding 85 000 m3, pumps/dispensers and pipework at service stations and consumer installations.*
SANS 10324:2026 Ed 2	Inspection and supplemental treatment of treated wooden poles used in ground contact. *Specifies methods for the determination of declared and design thermal values for thermally homogeneous building materials and products, together with procedures to convert values obtained under one set of conditions to those valid for another set of conditions.*
SANS 10456:2026 Ed 2	Building materials and products - Procedures for determining declared and design thermal values. *Specifies methods for the determination of declared and design thermal values for thermally homogeneous building materials and products, together with procedures to convert values obtained under one set of conditions to those valid for another set of conditions*.
SANS 10993-10:2026 Ed 2	Biological evaluation of medical devices Part 10: Tests for skin sensitization. *Specifies the procedure for the assessment of medical devices and their constituent materials with regard to their potential to induce skin sensitization.*
SANS 13370:2026 Ed 2	Thermal performance of buildings - Heat transfer via the ground - Calculation methods. *Provides methods of calculation of heat transfer coefficients and heat flow rates for building elements in thermal contact with the ground, including slab-on-ground floors, suspended floors and basements.*
SANS 17020:2026 Ed 3	Conformity assessment - Requirements for bodies performing inspection. *Contains requirements for the competence of bodies performing inspection and for the impartiality and consistency of their inspection activities.*

SANS 19785-1:2026 Ed 2	Information technology - Common Biometric Exchange Formats Framework Part 1: Data element specification. *Describes methods to define CBEFF patron formats using CBEFF data elements to specify the structure of BIRs, including the standard biometric headers (SBHs).*
SANS 24709-1:2026 Ed 2	Information technology - Conformance testing for the biometric application programming interface (BioAPI) Part 1: Methods and procedures. *Specifies the concepts, framework, test methods, and criteria required to test conformity of biometric products claiming conformance to BioAPI (see ISO/IEC 19784-1).*
SANS 50010:2026 Ed 3	Measurement and verification of energy and demand savings. *Provides a methodology for the determination of energy consumption and demand savings that may be used in a range of voluntary or regulatory processes, which may require the impact of interventions on energy consumption or demand (or both) to be calculated for both Brownfield (Retrofit) and Greenfield (New build) projects.*
SANS 60601-2-33:2026 Ed 2	Medical electrical equipment Part 2-33: Particular requirements for the basic safety and essential performance of magnetic resonance equipment for medical diagnosis. *Applies to the basic safety and essential performance of magnetic resonance (MR) equipment and magnetic resonance (MR) systems.*
SANS 60942:2026 Ed 3	Electroacoustics - Sound calibrators. *Specifies the performance requirements for three classes of sound calibrator: class LS (Laboratory Standard), class 1 and class 2.*
SANS 61643-21:2026 Ed 2	Low-voltage surge protective devices Part 21: Surge protective devices connected to telecommunications and signalling networks - Requirements and test methods. *Applies to devices for surge protection against indirect and direct effects of lightning or other transient overvoltages.*

If your organization is interested in participating in these committees, obtaining a copy of the draft or would like to send comments on draft documents, please send an e-mail to Dsscomments@sabs.co.za for more information or visit SABS website

SCHEDULE C: ADDRESS OF THE SOUTH AFRICAN BUREAU OF STANDARDS HEAD OFFICE

Copies of the standards mentioned in this notice (Schedule B) can be obtained from the Head Office of the South African Bureau of Standards at 1 Dr Lategan Road, Groenkloof, Private Bag X191, Pretoria 0001.

BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 967 OF 2026

ROAD ACCIDENT FUND

ADJUSTMENT OF STATUTORY LIMIT IN RESPECT OF CLAIMS FOR LOSS OF INCOME AND LOSS OF SUPPORT

The Road Accident Fund hereby, in accordance with section 17(4A)(a) of the Road Accident Fund Act, No. 56 of 1996, adjusts and makes known that the amounts referred to in subsection 17(4)(c) are hereby adjusted to **R390 664.00**, with effect from **31 July 2026**, to counter the effects of CPI inflation.

Note: The CPI index based on the new "basket and weights" was used to calculate this adjustment, **effective from 31 July 2026** (with base year December 2024 = 100). The CPI index for May 2008 was 43.7 due to the December 2024 rebasing. The CPI index for May 2026 was 106.7. This adjustment was calculated by multiplying the R 160 000 limit by 106.7/43.7.

RAADSKENNISGEWING 967 VAN 2026

AANPASSING VAN STATUTÊRE LIMIET TEN OPSIGTE VAN EISE VIR VERLIES AAN INKOMSTE EN ONDERHOUD

Die Padongelukfonds maak ooreenkomstig artikel 17(4A)(a) van die Padongelukfondswet, No. 56 van 1996 bekend dat, met effek vanaf **31 Julie 2026**, die bedrae waarna verwys word in subartikel 17(4)(c) aangepas word tot **R390 664.00**, ten einde die uitwerking van VPI inflasie teen te werk.

Neem kennis: Die VPI indeks gebasseer op die nuwe "mandjie en gewigte" is gebruik om hierdie aanpassing, **effektief vanaf 31 Julie 2026**, te bereken (met basisjaar Desember 2024 = 100). Die heraangepaste VPI indeks vir Mei 2008 is 43.7 as gevolg van die Desember 2024 aanpassing. Die VPI indeks vir Mei 2026 was 106.7. Hierdie aanpassing was bereken deur die R 160 000 limiet te vermenigvuldig met 106.7/43.7.

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Contact Centre Tel: 012-748 6200. eMail: info.egazette@gpw.gov.za
Publications: Tel: (012) 748 6053, 748 6061, 748 6065

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