

DISABILITY CERTIFICATE OF EXEMPTION



Exemption No:

029782

Surname		SELOMA		Name		GOATLHOKWA OGOBE	
Gender	M <input checked="" type="checkbox"/> F <input type="checkbox"/>	Date of birth		21 04 1987			
District	GABORONE		Village/Town		GABORONE		
Types of Disability	DEFENSE		ID No	675 416 018			
Ward/Plot No	23564		Next of kin	PEARL SELOMA			
PHASE		IV					

Name of Issuing Officer **I. H. BOMSON**

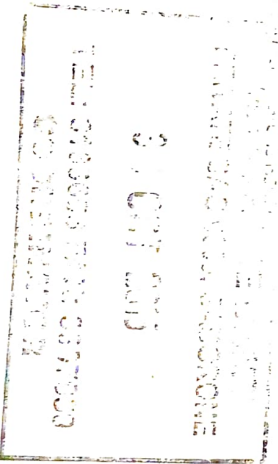
Signature

[Signature]

Designation **PHYSIOTHERAPIST**

Date

30 10 2015



DUPLICATED

CERTIFIED TRUE
COPY
I. H. BOMSON