

CURRICULUM VITAE OF CHILOANE MPHONGOPE JOHANNES

PERSONAL DETAILS

SURNAME : CHILOANE

FIRST NAMES : MPHONGOPE JOHANNES

DATE OF BIRTH : 18 OCTOBER 1991

IDENTITY NUMBER : 911018 5408 083

GENDER : MALE

MARITAL STATUS : SINGLE

NATIONALITY : SOUTH AFRICAN

CONTACT NUMBER : 079 755 7138

EMAIL ADDRESS : djmjchix@gmail.com

HOME LANGUAGE : SEPEDI

OTHER LANGUAGES : ENGLISH, AFRIKAANS, XITSONGA, ISIZULU AND TSWANA

HEALTH : GOOD

RELIGION : CHRISTIAN

CRIMINAL RECORD : NONE

DRIVERS LICENSE : CODE C1 (CODE 10)

ADDRESS : P.O. BOX 60
MOETLADIMO
0891
METZ VILLAGE

INTERESTS : MUSIC, HOCKEY, READING, ADVENTURE, BOOKS AND SOCIALIZING

EDUCATIONAL BACKGROUND

INSTITUTION : MOSIPA HIGH SCHOOL
HIGHEST GRADE PASSED : GRADE 12
YEAR OBTAINED : 2010
TERTIARY INSTITUTION : TSHWANE UNIVERSITY OF TECHNOLOGY
COURSE OF STUDY : ANIMAL PRODUCTION
LEVEL OF STUDY : NATIONAL DIPLOMA

WORK EXPERIENCE

DEPARTMENT : STATISTICS SOUTH AFRICA (CENSUS)
DURATION : JULY TO DECEMBER 2011
POSITION : FIELD WORKER
AREA : GROBLES DAL – DANNILTON

DEPARTMENT : ACCOMMODATION, RESIDENCE LIFE AND CATERING
RESIDENCE : MAGALIES RESIDENCE (PRETORIA CAMPUS)
DURATION : JANUARY TO NOVEMBER 2013
POSITION : RESIDENCE COMMITTEE
OFFICE OF DUTY : SOCIAL ARTS AND CULTURE
SITE OF EMPLOYMENT : TSHWANE UNIVERSITY TECHNOLOGY

COMPANY : COROMANDEL FARMERS TRUST
LOCATION : LYDENBURG
DURATION : 14 JANUARY 2015 – 14 JANUARY 2016
POSITION : EXPERIENTIAL LEARNING (EVERYTHING IN THE FARM ENVIRONMENT)

REFERENCE

NAME AND POSITION

V MADIGA (RESIDENCE MANAGER, TSHWANE UNIVERSITY OF TECHNOLOGY) – 012 382 5692

S.J NGWENYAMA (HR MANAGER, COROMANDEL FARMERS TRUST) - 013 235 2048

H.N MPHABLELE (MENTOR) DEPARTMENT OF AGRICULTURE – 013 232 2078



Tshwane University of Technology

We empower people

NATIONAL DIPLOMA

AGRICULTURE: ANIMAL PRODUCTION POLICE SERVICE

Awarded to

CLINT SERVICE CENTRE

2017 -06- 07

SUNNYSIDE

MPHO MANGOPE JOHANNES CHILOANE

211081660

1991-10-18

Having complied with the
Requirements of the Act and Statute

2015-12-18

ND75466

Vice-Chancellor and Principal
On behalf of Council and Senate

Registrar



Processed by FREE version of
Jet Scanner Lite

1 Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in the particulars of your present address, e.g. name of street and/or street number, etc.

2 Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS

NOTICE OF CHANGE OF ADDRESS

1. Hou vorm van KENNISGEWING VAN ADRESVERANDERING in hierdie sake vir aanmelding van 'n adresverandering of van verandering van besonderhede van u huidige adres, by: straat-naam en/of -nommer, ens.

2. Dien in by of pos aan die naaste streek- distrikkantoor van die DEPARTMENT VAN BINNENLANDSE SAKE

KENNISGEWING VAN ADRESVERANDERING

B12

I.D.No. 911018 5408 08 3



S.A. BURGER/S.A. CITIZEN

VAN/SURNAMIE
CHILOANE

VOORNAME/FORENAMES
MPHO MANGOPE JOHANNES



GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTEDATUM/
DATE OF BIRTH

1991-10-18

DATUM UITGEREIK
DATE ISSUED

2008-05-27

UITGEREIK OP BEZAR VAN DIE
DIREKTOR-GENERAAL
BINNENLANDSE SAKE



ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

SOUTH AFRICAN POLICE SERVICE
CLIENT SERVICE CENTRE
2017-06-07
SUNNYSIDE
SUID-AFRIKAANSE POLISIEDIENS

EK BEVESTIG DAT DIE OORSCHEIDENDE DOKUMENT 'N WAARHEDELIKE KOPIE VAN DIE OORSCHEIDENDE DOKUMENT WAT MY VIR WAGGENING VOORGEDIE IS. EK SEWEL 'N OORSCHEIDENDE KOPIE VOLGENS MY WAARWENING, DAAR NIE 'N WYBEGING OF VERANDERING OF DIE OORSCHEIDENDE DOKUMENT AANBRING IS NIE.

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

HANDTEKENING/SIGNATURE

MAGSNOEMMER
FORM NUMBER

NAAM IN DRUKSKRYF
NAME IN PRINT

Processed by FREE version of
Jet Scanner Lite
Mpho Mangope



REPUBLIC OF SOUTH AFRICA

National Senior Certificate

Awarded to

Mpho Mangope Chiloane

Identity number 9110185408083

Subject	Achievement	
	%	level
Sepedi Home Language	65	5
English First Additional Language	65	5
Mathematics	53	4
Life Orientation	85	7
Agricultural Science	64	5
Life Sciences	63	5
Physical Sciences	40	3
.....	***	*



This candidate is awarded the National Senior Certificate and has met the minimum requirements for admission to bachelor's degree, diploma or higher certificate study as gazetted for admission to higher education, subject to the admission requirements of the higher education institution concerned.

I hereby certify that this document is a true reproduction copy of the original document handed to me for authentication. I have not observed any alteration or amendment or any other change made to the original document.

M. S. Rakometse
Chief Executive Officer

MAGISTRATE
FORCE NUMBER

110 6731 2371 F



This certificate is valid only if signed and stamped by the official in charge of the institution.



Council for Quality Assurance in
General and Further Education and Training
South Africa

2067578

(See reverse for more information)