



FORM 12
PROVINCE OF KWAZULU-NATAL
DEPARTMENT OF SOCIAL DEVELOPMENT

REGISTRATION
(Regulation 15)

[SECTION 82 OF THE CHILDREN'S ACT 38 OF 2005]

It is hereby certified that:

The registration of the following partial care facility has been completed in terms of section 82 (1) (b)(c) of the Act on **25th September 2014**.

Name of partial care facility: **KZN CEREBRAL PALSY ASSOCIATION**

Physical address of partial care facility: 17 Mariannridge Drive
Mariannhill Park, Pinetown

THE VALIDITY OF THIS REGISTRATION EXPIRES ON: **25th September 2019**

The partial care facility is registered subject to the implementation of the Environmental Health Officers recommendation:

Indicate registration (Yes or No)	Type of partial care facility	Maximum number of children that may be accommodated
YES	STIMULATION CENTRE	24

The registration certificate is issued to: **Kzn Cerebral Palsy Association**

- 1) Minimum age of admission : **12 months**
- 2) Maximum age of admission : **Adult**
- 3) Hours of attendance : **7.30am- 4.30pm**
- 4) The registration certificate is not transferable


GENERAL MANAGER, DURBAN REGION

DATE OF ISSUE: 17.10.2014