To: The Speaker of the Northern Cape Provincial Legislature Hon. N Klaaste							
SURNAME					Male	Female	
NAME & TITTLE				L		<u>, </u>	
Home Address		Postal Address					
Telephone No:	Home			Relative	Home		
- 3.0 p 3	Work				Work		
	Mobile				Mobile		
Group	Individual	Other	ID Number			.	
Statement of co	mplaint:						

Where have u taken your complaint b	pefore?
What do you want the Legislature do f	or you?
How did you hear about the Legislatu	re of PPP Office
The facts stated herein are to the best of the best of the best of the best of the facts of the	of my/our knowledge true and correct and e.
Signed on	the day20