

PARTICIPANT ATTENDANCE CONFIRMATION

Pilates, Stretch & Release and Chair Exercise

For purposes of supporting the proposed Consent Use Application to accommodate an Occupational Practice on Erf 322, Jacobs Bay, the undersigned hereby confirm that they regularly attend weekly yoga, Pilates and/or stretching classes conducted by the instructor.

Weekly classes offered:

- Mat & Reformer Pilates
- Chair exercise
- Stretch & Release / Yoga

Please complete your name and signature below. No additional personal or sensitive information is required.

Participant Name	Class Attended	Signature
Iselle van Rijn	Chair Exercise	
Sheena Clark	Chair Exercises	
Sindie Pienaar	chair exercise	Pienaar
Martie Lombard	Chair exercise	Lombard
Alma Forbes	Chair exercise	
JOAN FORBES	"	
WANITA URBAN.	PILATES	Urban
Annamore Poljell	Pilates / Stretch exercise	
HEIDI KUGLER	Reformer	
DORIS VIELGUT-TITMAS	Pilates / Reformer	
Madelien Muller	Str/Pilates / Reformer	Am Muller
Rupert Muller	Reformer	

Confirmation

I, Aine Hanekom, ID No. PASSPORT PR5475813, hereby confirm that I conduct and facilitate the above-mentioned classes as part of my regular daily activities and that the instruction of these classes constitutes part of my occupation.

I further confirm that the information provided above and all information supplied by me in connection with the classes is true, accurate and correct to the best of my knowledge.

Signature: 

Date: 25 Aug. 2026