



**CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD**

Konke oku sikucela eGameni Lakho eliNgcwele. AMEN

Making progress possible. Together.

NOTICE TO SUBCOUNCIL 16

1. ITEM NUMBER: 16SUB 02/09/19

2. SUBJECT / ISIHLOKO / ONDERWERP

**APOLOGIES / LEAVE OF ABSENCE
IZIGXENGXEZO / IZICELO ZOKUNGABIKHO
VERSKONINGS / VERLOF TOT AFWESIGHEID**

3. SUBCOUNCIL TO NOTE

The Subcouncil to note the leave of absence received in respect of this meeting.

4. RECOMMENDATION

It is recommended that

It **BE NOTED** that the no applications for leave of absence were received.

Comment:

MANAGER: SUBCOUNCIL 16
Lucille Muller(Acting)



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DATE

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