CURRICULUM VITAE

OF

MOGALE GIVEN ABRAM

PERSONAL DETAILS

Surname	: Mogale
Name	: Given Abram
ID Number	: 900510 5473 086
Nationality	: South African
Gender	: Male
Health	: Excellent
Marital Status	: Single
Criminal Record	: None
Home Languages	: Setswana
Other Languages	: English , Sepedi & IsiZulu

CONTACT DETAILS

Address	: 1636 Colt Street Nellmapius Ext 3 0122
Contact Number	: 076 598 9549 / 0679925547:
Email	: givenmogale801@gmail.com

EDUCATION

Name of School	: Nellmapius Secondary School
Highest Grade Passed	: Grade 12
Year	: 2011

WORK EXPERIENCE

Name of Company	: Clicks
Position	: Wellness Assistance Receiving Clerk Supervisor
Company	: 2014 – Till Date

REFERENCE

Name of Person	: Jan Nawe
Relationship	: Store Manager
Contact	: 076 556 8511

INTERERSONAL SKILLS

- Working well with others
- Supportive
- Share Credit
- Delegate Effectively
- Cooperates
- Representing Others

COMMUNICATION SKILLS

- Writing Clearly & Concisely
- Speaking Effectively
- Listening Attentively
- Confident in Public
- Openly express Ideas

ORGANISATIONAL SKILLS

- Handing details
- Punctual
- Meet Deadlines
- Set Goals
- Multi Tasks

MANAGEMENT SKILLS

- Leader
- Delegate Responsible
- Manage Conflict
- Enforce Policies

I am a dependable and hardworking individual, I have the ability to manage time wisely and to multi-task in order to complete daily jobs in a reasonable amount of time. I have the skills to follow verbal and written instructions, to perform jobs that require repetition. I always put forth my best efforts to get the job done in timely but efficient manner. I am in excellent physical condition with the ability to stand for long periods, to work in all types of weather to perform jobs required. I am self-motivated and have the ability to work without constant supervision but I can also work as part of a team.

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

I.D.No. 900510 5473 08 6

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
MOGALE

VOORNAME/FORENAMES
GIVEN ABRAM

GEBOORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1990-05-10



DATUM UITGEREIK
DATE ISSUED
2007-10-26

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

I certify that this document is a true copy of the original which was examined by me and that, from my observations, the original has not been altered in any manner

Chrystolene Vries (Commissioner of Oaths)
Designation: Owner 3@1 SilverOaks

Date: 13 -04- 2026

Shop 17A, SilverOaks Crossing, c/o Solomon Mahlangu & Von Backstrom Blvd, Willow Acres, Pretoria

REPUBLIC OF SOUTH AFRICA

National Senior Certificate

Awarded to

Given Abram Mogale

Identity number 9005105473086

Subject	%	Achievement level
Setswana Home Language	45	3
English First Additional Language	39	2
Mathematical Literacy	40	3
Life Orientation	61	5
Business Studies	30	2
Tourism	44	3
**********	***	*

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

With effect from December 2011

M. S. Lakometsi

Chief Executive Officer

120 4511 0063 S

This certificate is issued without alterations or erasure of any kind

UMALUSI

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

2996740

(See reverse for more information)

80284

South African Pharmacy Council

South African Pharmacy Council

Registration certificate issued under the Pharmacy Act, 53 of 1974

Registration as a Pharmacist's Assistant (Basic)

This is to certify that

GIVEN ABRAM MOGALE
Reg No: B20260282
P77544

is registered as a pharmacist's assistant (basic) in accordance with the provisions of the Pharmacy Act 53 of 1974, and is hereby authorised to practise in the category: **Community Pharmacy** within the area of jurisdiction of the South African Pharmacy Council.

11 MARCH 2026

VM Tlala
Registrar

31 March 2026
Date Issued
Pretoria

039951 PS

BLS MEDICAL
Where the BASICS are important!

CERTIFICATE
OF COMPETENCE

THIS IS TO CERTIFY THAT

Given A. Mogale
Full name

9005105473086
ID Number/ Passport

has completed the following course:

Provide risk-based primary emergency care first aid in the workplace

Unit Standard: **120496** | **Credits:** **5**

The member above has met the requirements for this unit standard and can be deemed competent.

03 March 2026
Date of Issue

02 March 2029
Expiry Date

GT 047/2026/64455
Certificate Number

General Manager

fp&m seta
Fibre Processing & Manufacturing Sector Education and Training Authority
FUTURE PERFECT
SKILLS DEVELOPMENT

Accreditation Numbers:
FP&MSETA: FPM21/PRPACC-054
DoEL: CI 080

BLS Medical cc
67B Newton Street, Newton Park, Port Elizabeth, 6055, South Africa
training@blsmedical.co.za | www.blsmedical.co.za
Phone +27 (0) 87 236 6601

Living Naturally ACADEMY

Attendance & completion CERTIFICATE

The participant has completed the online LNA Course Assessment and passed.
Pass rate: >80% | Participant score: 83.9

Name of participant:

Mr. Given Mogale

ID Number: **9005105473086**

Completion date: **10 October 2024**

Signature of service provider
Dr. D.F Naude - Head of Medical & Research
SA Natural Products (Pty) Ltd

sanp pharma

TARA PHARMACEUTICALS

tara pharmaceuticals
enhance life

Certificate of Completion

to certify that he/she has completed to satisfaction the

TARA PRODUCT TRAINING

Training Completed in 2020

AUDREY CONNOLLY
HEALTHMART SA NATIONAL TRAINER

Certificate

of Completion

THIS IS TO CERTIFY THAT

Given Mogale

Has successfully completed the

Value Added Life Product training course

Instructor

VALUE ADDED LIFE
HEALTH PRODUCTS
Adding value to your life...

20/12/2023

Date