



SEKHUKHUNE
District Municipality

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COMMUNITY SERVICES DEPARTMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FORM FOR HEALTH CERTIFICATE FOR SCHOOLS

NEW APPLICATION	<input type="checkbox"/>	RENEWAL :	<input type="checkbox"/>
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A. DETAILS OF PERSON IN CHARGE (Whose name the health certificate must be issued)

- Surname and first names.....
- ID Number work Permit/Passport No.....
- Postal Address.....
- Residential Address.....
- Contact Numberbusiness.....CELL.....

B. PARTICULARS OF BUSINESS PREMISES

- Name of School/Institution
- Enrolment number.....
- Type of School.....
- ERF Number (if applicable).....
- Type of premises (e.g. building, Mobile classes, steel structure).....
- Location address or address where the premises can be inspected.....
- Zoning Certification/Permit (PTO)issued.....

C. STAFF

Number of persons employed or to be employed:

Men	Woman
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D. PARTICULARS OF APPLICANT

Name of applicant.....
Capacity of applicant.....

SIGNATURE:.....

DATE OF APPLICATION:.....

BANKING DETAILS:

Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Branch code: 052647
Amount payable: **R500.00**
Reference: MHS

PLEASE ATTACH PROOF OF PAYMENT ON THE FORM