SEKHUKHUNE
District Municipality
Private Bag X8611 Groblersdal 0470, 3 West Street Groblersdal 0470
Tel : (013) 262 7300, Fax: (013) 262 3688
E-Mail : sekinfo@sekhukhune.co.za

COMMUNITY SERVICES DEPARTMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FORM FOR HEALTH CERTIFICATE

NEW APPLICATION		RENEWAL :	

A. DETAILS OF PERSON IN CHARGE (whose name the health certificate must be issued)

1. Surname and first names.....
2. ID Number work Permit/Passport No.....
3. Postal Address.....
4. Residential Address.....
5. Contact Numberbusiness.....CELL.....

B. PARTICULARS OF BUSINESS PREMISES

1. Name of Business/Institution .....
2. Type of business.....
3. ERF Number (if applicable).....
4. Type of premises (e.g. building, vehicle, stall).....
5. Location address or address where the premises can be inspected.....
6. Zoning Certification/Permit (PTO)issued.....
7. Availability of HCRW disposal methods (yes/No).....

C. STAFF

Number of persons employed or to be employed:

Men	Woman

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: **R450.00**
Reference: MHS

PLEASE ATTACH PROOF OF PAYMENT ON THE FORM