

APPLICATION FOR ZONING CERTIFICATE

APPLICATION FEE

R 131.00 VAT INCL.

APPLICATION DETAILS:

NAME:

TEL NO:

ADDRESS:

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ZONING APPLICATION DETAILS:

DESCRIPTION OF PLAN ACCORDING TO TITLE DEED

Erf / Holding / Portion :

Town / Agricultural Holding
/ Farm:

Number & Name of Street
or Road:

BANKING DETAILS: KOUGA MUNICIPALITY EC108

NAME OF BANK: FIRST NATIONAL BANK

ACCOUNT NO: 52540033504

TYPE OF ACCOUNT: CURRENT

BRANCH CODE: 210515

I hereby certify that I have understood the application and the information furnished herein is, to the best of my knowledge, accurate and complete.

SIGNATURE OF APPLICANT:

DATE:

OFFICIAL USE

DATE OF RECEIPT: VOTE NUMBER: 700/99301

RECEIPT NUMBER: