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 OLD AGE HOMES / DISABLED- / ORPHANAGES /REHABILITATION CENTRES

NEW APPLICATION		RE -ISSUE OF CERTIFICATE:		CERTIFICATE NUMBER:	

A. DETAILS OF PERSON (whose name the certificate must issued).

1. Surname and full names……
2 .ID Number/ work Permit/Passport No.....
3. Address physical……
4. Address Postal……
5.Contact Numbers: Business:……cell…….

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B. PARTICULARS OF ACCOMMODATION ESTABLISHEMENT

1. Name of Facility……**.....**
2. Physical Address of facility……**.....**
3. Postal address……**.....**
4. Zoning certificate issued (PTO) (proof attached)……..
5. Contact No…….

SERVICE PROVIDED	YES	NO
Self-catering		
Providing meals		

C. NUMBER OF ROOMS

ROOMS	BEDS PER ROOM
BATH ROOMS	
TOILETS	
HAND WASH BASIN	
BATHS	
SHOWERS	

D.STAFF

Number of persons employed or to be employed:

Males	females

E. SUITABILITY

1. AVAILABILITY OF WALKING RAMPS……
2. AVAILABILITY OF HAND RAILS……..

F. PARTICULARS OF APPLICANT

1. Surname and full names……
2. Capacity (e.g. Owner, Managing Director, secretary, Manager)……
3. Address postal ……..
4. Contact numbers……cell……..

SIGNATURE:…… **DATE OF APPLICATION:……**

BANKING DETAILS:

Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Amount payable: **R250.00**
Reference: MHS

PLEASE ATTACH PROOF OF PAYMENT ON THE FORM