



SEKHUKHUNE
District Municipality

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COMMUNITY SERVICES DEPARTMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FOR HEALTH CERTIFICATE FOR CHILD CARE FACILITIES.

NEW APPLICATION		RE -ISSUE OF HEALTH CERTIFICATE:		CERTIFICATE NUMBER:	
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A. DETAILS OF PERSON (whose name the certificate of must issued).

1. Surname and full names
2. Name of establishment:.....
3. Name of the village:.....
4. Address physical.....
5. Address postal.....

B. PARTICULARS OF PRINCIPAL/PERSON IN CHARGE

1. Surname and full names.....
2. ID Number/ work Permit/Passport No.....
3. Address Postal.....
4. Address Physical.....
5. Contact Number: business:.....Cell.....

C.PARTICULARS OF PREMISES

1. Type of the premises/structure:.....
2. Zoning certificate issued (PTO) (proof attached).....
3. Is food provided by establishment?.....

.....
SIGNATURE: APPLICANT / PRINCIPAL

.....
DATE

BANKING DETAILS:

Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Amount payable: **R200.00**
Reference: MHS

PLEASE ATTACH PROOF OF PAYMENT ON THE FORM