



**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 FOR HEALTH CERTIFICATE FOR CHILD CARE FACILITIES.**

<b>NEW APPLICATION</b>		<b>RE -ISSUE OF HEALTH CERTIFICATE:</b>		<b>CERTIFICATE NUMBER:</b>	
------------------------	--	---	--	----------------------------	--

**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: **R350.00**  
Reference: MHS

**PLEASE ATTACH PROOF OF PAYMENT ON THE FORM**