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 -ACCOMMODATION ESTABLISHMENTS

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. Name of establishment:.....
4. Name of the village:.....
5. Address physical……
6. Address postal……

B. PARTICULARS OF ACCOMMODATION ESTABLISHEMENT

1. Name of Accommodation Facility……**.....**
2. Physical Address of facility:……**.....**
3. Erf/stand no., Farm name……**.....**
4. Name of Manager/contact person:……..
5. Contact No……cell……

SERVICE PROVIDED	**YES**	**NO**
Self-catering		
Providing meals		

C. NUMBER OF ROOMS/EN-SUITE

DOUBLE ROOM	**SINGLE ROOM**
BATH ROOMS	**BATH ROOMS**

D. STAFF

Number of persons employed or to be employed:

Males	**females**

E. 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 :.....**

BANKING DETAILS:
Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Amount payable: **R500.00**
Reference: MHS

PLEASE ATTACH PROOF OF PAYMENT ON THE FORM