SEKHUKHUNE
District Municipality
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COMMUNITY SEVICES DEPARTMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FORM FOR ISSUE OR TRANSFER OF CERTIFICATE OF COMPETENCY FOR FUNERAL UNDERTAKERS.

IN TERMS OF REGULATION **R363 OF22 MAY 2013**
made in terms of 33 and 39 of the health Act No 61 of 2003.

NEW APPLICATION		RE -ISSUE OF CERTIFICATE:		CERTIFICATE NUMBER:	

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

1. Surname full names……..
2. ID Number/work Permit/Passport No:……..
3. Address physical……..
4. Address postal ……..
5. Contact Details……cell……

B. PARTICULARS OF THE PREMISES.

Hereby apply for certificate of competency to carry on the business of funeral undertaker

1. Name of the Business……...
2. Type of Business activity(Transportation of corpse/Mortuary)……
3. Physical address of the business……
4. Postal address of the business……..
5. In case of new application was it advertised in the local news paper? Yes/No. if yes proof attached.
6. Number of people who will be working other than the owner……..
7. Erf No:……
8. Contact Numbers……Cell……..
9. Zoning Certificate/Permit issued (PTO)Proof attached……..

C.PARTICULARS OF APPLICANT:

1. Name:……
2. Capacity (e.g.Owner,Managing Director,Secretary,Manager):……
3. Postal Address:……

SIGNATURE:……. DATE OF APPLICATION:……..

PLEASE NOTE: The following documents must accompany this application

I. A description of the premises and the location thereof;
II. A complete ground plan of the proposed construction or of existing buildings on a scale of 1:100;
III. A block plan of the premises on which north is shown indicating which adjacent premises are already occupied by the applicant or other persons and for what purpose such premises are being utilised or are to be utilised; and
IV. Particulars of any person other than the holder or any of his employees who prepares or will prepare corpses on the premises. (Copies of ID's).
V. A Newspaper advert for intention to operate funeral undertaker.
VI. Zoning Certificate/Permit issued (PTO).

BANKING DETAILS:
Account holder: SEKHUKHUNE DISTRICT MUNICIPALITY.
Bank: STANDARD BANK
Account no: 271149418
Amount payable: **R450.00**
Reference: MHS

PLEASE ATTACH PROOF OF PAYMENT ON THE FORM