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 DEPARMENT
MUNICIPAL HEALTH SERVICES

APPLICATION FOR HEALTH CERTIFICATE FOR CHILD CARE FACILITIES.

NEW APPLICATION		**RE -ISSUE OF HEALTH CERTIFICATE:**		**CERTIFICATE NUMBER:**	

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. Meals provided by establishment?.....

…… ……..
SIGNATURE: APPLICANT / PRINCIPAL DATE

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