EHLANZENI
DISTRICT MUNICIPALITY

APPLICATION FOR HEALTH CERTIFICATE FOR TERTIARY INSTITUTIONS

REF: COM: H/C 3303

NAME OF INSTITUTION	
NAME OF PRINCIPAL/MANAGER:	
ID NUMBER:	
PHYSICAL ADDRESS:	
POSTAL ADDRESS:	
STAND / ERF NR.	
TELEPHONE NR:	
CELL NR:	
FAX NR:	
E-MAIL:	

	MALE	**FEMALE**
TOTAL NUMBER OF STAFF:		
TOTAL NUMBER OF STUDENTS:		

SIGNATURE OF APPLICANT/PRINCIPAL **DATE OF APPLICATION**

Re-discover life

THE FOLLOWING NON - REFUNDABLE FEES ARE PAYABLE WITH APPLYING FOR A HEALTH CERTIFICATE:

Note that these fees are payable before application form is submitted to Municipal Health and Environmental Management Office (Ehlanzeni District Municipality)	
Health Certificate	R250.00
Re-issue/Review/Renewal of Health Certificate	R250.00
Transfer of Health Certificate	R250.00
BANKING DETAILS	
Name of Bank	Standard bank
Account Holder	Ehlanzeni District Municipality
Account Number	063395622
Type of Account	Cheque Account
Branch Code	052852
Deposit Reference number	**COM/HC3303**

ATTACHMENTS REQUIRED WITH THE APPLICATION:

- **COPY OF APPROVED BUILDING PLAN OF THE PROPOSED OR EXISTING BUSINESS**
- **COPY OF ID FOR APPLICANT**
- **PROOF OF RESIDENCE FOR APPLICANT**
- **ZOONING CERTIFICATE/SPECIAL CONSENT USE/PERMIT FROM LOCAL AUTHORITY OR LOCAL MUNICIPALITY**
- **PROOF OF PAYMENT OF R250.00 FOR ADMIN.FEE**

NB: This application is valid for three months from date of inspection by the Environmental Health Practitioner. Non-compliance to acquire a permit during this period will result in a new application process

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