



## uMLALAZI MUNICIPALITY

AMAHHOVISI KAMASIPALA: MUNICIPAL OFFICES

Hutchinson Road / Eshowe: KwaZulu-Natal

P.O. Box 37, Eshowe 3815 | Tel: +27 (0) 35 473 3474 | Fax: (035) 474 4733

Website: www.umlalazi.gov.za

### Integrated Development Plan Representative Forum Registration Form 2019

<b>Name of the Organization/Institution</b>			
<b>Organisation Type (e.g) please indicate one: (x)</b>			
<b>a) Government Department</b>		<b>b) Non-Profit/Government Organisation</b>	
<b>c) Organised Business Body</b>		<b>d) Private Company/Cooperative</b>	
<b>e) State Owned Enterprise</b>		<b>f) Religious Organisation</b>	
<b>g) Organised Farmers Organisation</b>		<b>h) Representative of the Youth Council</b>	
<b>Contact Person (Nominator)</b>			
<b>Position</b>			
<b>Name of Representative (Nominee)</b>			
<b>Position</b>			
<b>Representative Contact Details</b>			
<b>Physical address (Work)</b>			
<b>Postal address (Work)</b>			
<b>Telephone Number</b>			
<b>Fax Number</b>			
<b>Cell Number</b>			
<b>Email Address</b>			
<b>Website address</b>			

## CERTIFICATE OF CORRECTNESS

**I, the undersigned, hereby certify that all information provided is true and correct and that I am a duly authorized representative of the above mentioned organization.**

**Signed at** \_\_\_\_\_

**On** \_\_\_\_\_ **(date)**

**Signature** \_\_\_\_\_ **Name** \_\_\_\_\_

**Approved by** \_\_\_\_\_ **Name** \_\_\_\_\_

**Designation** \_\_\_\_\_

**ORGANISATION STAMP**

