



## Municipal Health Services

### **APPLICATION FOR A CERTIFICATE OF COMPETENCE FOR FUNERAL UNDERTAKERS' PREMISES OR MORTUARY IN TERMS OF REGULATION 4(1)(A), REGULATIONS RELATING TO THE MANAGEMENT OF HUMAN REMAINS.**

#### **IN TERMS OF GOVERNMENT NOTICE NO. 363, 22 MAY 2013 OF ACT 61, 2003**

1. I, ....., with I.D no. ...., hereafter referred to as the applicant, wish to apply for a certificate of competence for a:

Funeral Undertaker	
Mortuary	

*Indicate the appropriate selection with an X*

in terms of regulation 4(1)(a) of Regulations Relating to the Management of Human Remains, R 363 of 22 May 2013 as promulgated in terms of section 68(1)(b) read with section 90(4) of the National Health Act 2003 (Act 61 of 2003)

2. **Applicant's full address:**

.....  
.....

3. **The premises are situated at:** (street address)

.....  
..... and Erf No. ....

4. **Attached, find the following as required by regulation 4(2)(b):**

- a) A description of the premises and the location thereof.
- b) A complete floor plan of the proposed construction or existing buildings on a scale of 1: 100.
- c) A block plan of the premises on which true 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

5. Particulars of any person other than the applicant or any of his employees who will prepare human remains on the premises.

Name	ID no.	Residential Address
1.		
2.		

6. **Publication of a notice**



I have taken cognisance of regulation 4(1) of the regulation and have 21 days before submitting this application; caused a notice to be published in one of the official languages in a newspaper that appears mainly in that language, and in another official language in a newspaper that appears mainly in the latter language where each of the said newspapers circulates in the area in which such premises are situated,

or

where separate newspapers in each of the official languages do not so circulate, caused such notice to be published in both official languages in a newspaper that so circulates.

Such notice contained information to the effect that an application for the issue of a certificate of competence in terms of the regulations is to be submitted to the Overberg District Municipality and that any person who will be affected by the use of such funeral undertaker's premises or mortuary and wishes to object to such use shall lodge his objection, together with substantiated representations, with the Overberg District Municipality, Private Bag X22, Bredasdorp, 7280 in writing within 21 days of the date of publication of such notice.

.....  
**SIGNATURE OF APPLICANT**

.....  
**DATE**

**PLEASE NOTE:**

- 1. No incomplete application or an application in respect of which all items listed in section 4 of this application are not submitted with the application will be processed.***
- 2. A copy of the 2 notices in both languages as they appeared in the newspaper(s) along with the names of the said newspaper(s) and the date that these notices appeared in the said newspaper(s) should be submitted with this application.***

**BANKING DETAILS**

<b>BANK:</b>	NEDBANK LIMITED
<b>ACCOUNT NUMBER:</b>	1176524496
<b>ACCOUNT NAME:</b>	OVERBERG DISTRICT MUNICIPALITY
<b>ACCOUNT TYPE:</b>	CURRENT / CHEQUE
<b>BRANCH NAME:</b>	BREDASDORP
<b>BRANCH CODE:</b>	198765
<b>PAYMENT REFERENCE:</b>	NAME OF PREMISES & TOWN
<b>PAYABLE AMOUNT:</b>	<b>R1164.00 – 2025/2026 Financial Year</b>



### FOR OFFICE USE ONLY

<b>1. APPLICATION RECEIVED BY: (Principal Clerk)</b>			
<b>Name &amp; Surname:</b>		<b>Signature:</b>	
<b>Date Received:</b>			

  

SUPPORTING DOCUMENTS VERIFICATION CHECKLIST	Yes	No	Comments
Certified copy of South African identification document (if South African citizen)			
Certified copy of valid Passport for Foreign Nationals (if applicable)			
Certified copy of Business Visa for Foreign Nationals (if applicable)			
Copy of Proof of Residence			
Copy of Proof of Payment			
Attach a layout plan of the premises, drawn on scale 1:50, which indicates the various areas in the premises			
Copy of Close Corporation Registration Certificate (if applicable)			
<b>General Comments:</b>			

  

<b>2. APPLICATION RECOMMENDED BY: (Environmental Health Practitioner)</b>			
<b>Name &amp; Surname:</b>		<b>Signature:</b>	
<b>Date Received:</b>			

  

Inspection checklist reference (EHP):	
Outstanding info (EHP):	
Approval Date:	
Amount paid by client and description:	
<b>General Comments:</b>	

  

<b>3. APPROVAL OF APPLICATION: (Area Manager)</b>	
<b>Application Verified by:</b>	

  

<b>Application Approved:</b>	Yes	No
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<b>IF YES:</b>	Approval Date:		Approver Signature:	
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<b>IF NO:</b>	Rejection Date:		Approver Signature:	
<b>Reason for Rejection:</b>				

  

<b>RE-VERIFICATION</b>	<b>Has corrective measures been applied:</b>	Yes	No	
	Date of Re-Verification:		Approver Signature:	