**OVERBERG**

**DISTRIKSMUNISIPALITEIT**

DISTRICT MUNICIPALITY

UMASIPALA WESITHILI

Privaatsak:

Private Bag X 22

**BREDASDORP KANTOOR**

**Private Bag/ Privaatsak X 22**

**Bredasdorp, 7280**

**Tel./Ph./: (028) 4251157**

**Faks/fax : 028 425 1014**

**Department Municipal Health Services**

**APPLICATION FOR THE RENEWAL OF A CERTIFICATE OF COMPETENCE FOR FUNERAL-UNDERTAKER’S PREMISES OR MORTUARY IN TERMS OF REGULATION REGULATIONS RELATING TO MANAGEMENT OF HUMAN REMAINS. IN TERMS OF GOVERNMENT NOTICE NO. 363 , 22 MAY 2013 OF ACT, 2003**

 **(ACT 61 OF 2003)**

1. I………………………………………………………………… ID 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(2)(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)

1. Applicant’s full address:

………………..………………………………………………………………………...…………

……………………………………………………………………………………………………..

1. The premises are situated at (street address)

……..………………………………………………………………………………………………

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

1. Attached find the following as required by regulation 4(2)(b)(iv)
2. 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**  |
|  |  |  |
|  |  |  |

………………………………………… …………………………….

**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.***

**BANKING DETAILS:**

**Bank:** Nedbank limited bank,

**Acc. No:** 117 652 4496,

**Branch name:** Worcester & Overberg inland

**Branch code:** 198765,

**Account type:** Current,

**Acc. Name:** Overberg District Municipality,

**Acc. Opened:** 31/08/2018

**Reference:** Name of business – 011 e.g. XYZ Funeral Parlor – 11

**Payable amount:** R950.00

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| Application approved by EHP (Yes/No): |  |
| Name of EHP: |  |
| Date of receiving application by EHP: |  |
| Inspection checklist reference(EHP): |  |
| Outstanding info (EHP): |  |
| Amount paid by client and description: |  |  |
|  |  |  |
|  |  |  |
| Received by (Principal Clerk): |  |
| Date received (Principal Clerk):  |  |
| Application verified by(Area Manager): |  |
| Application approved by verifier (Yes/No): |  |
| Reason for rejection by Verifier: |  |
| Date of verification: |  |
| Signature of person verifying: |  |
| Rejection reason corrected: |  |
| Date of re-verification: |  |
| Signature of person verifying: |  |