



# OVERBERG

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## DISTRIKSMUNISIPALITEIT DISTRICT MUNICIPALITY UMASIPALA WESITHILI

Private Bag X 22  
26 Long Street, Bredasdorp  
Bredasdorp, 7280

**APPLICATION FEES: 2026/2027 Financial Year  
(01 July 2026 – 30 June 2027)**

### Application fee of R1 210.00.

### APPLICATION FOR A CERTIFICATE OF ACCEPTABILITY FOR A MILKING SHED REGULATIONS RELATING TO MILKING SHEDS AND THE TRANSPORT OF MILK. (Reg No. 961 OF 23 November 2012)

Milk Processor: \_\_\_\_\_ Producer No: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Tel No.: \_\_\_\_\_ Cell No: \_\_\_\_\_

TITLE DESCRIPTION OF PREMISES (DEEDS OF TRANSFER): \_\_\_\_\_  
\_\_\_\_\_

Indicate with X: New Milking Shed. \_\_\_\_\_ Existing Milking Shed: . \_\_\_\_\_

Maximum Number of Dairy Stock: \_\_\_\_\_

Number of Staff: \_\_\_\_\_

#### Did you submit all supporting documentation?

Supporting Documents verification (Yes/No)	Yes	No	Comments
Completed Application form			
Certified copy ( <i>not older than 6 months</i> ) of South African identification document, (if South African citizen.)			
Copy of proof of residence (not older than 3 months)			
Copy of proof of Payment			
Certified copy of valid Passport for foreign national.			
Certified copy of Business Visa for foreign national.			
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)			

#### **NB: APPLICATION FORM MUST BE COMPLETE IN FULL & ALL SUPPORTING DOCUMENTS ATTACHED!!!**

<p>I declare that the above-mentioned information is correct. I understand that it is my legal responsibility and liability to ensure that this premises complies with all other legislation and undertake to comply with this undertaking. [Regulation 3(5)(c)].</p> <p>The evaluation and issuing of the Certificate of Acceptability are done, as the business was presented to the Environmental Health practitioner.</p> <p>Should conditions change as set in Regulation 3(5) to 3(10), I am bound to re-apply for the premises to be re - evaluated for acceptability under these regulations.</p>	
Date of declaration:	
Signature of person in charge:	

**Alle korrespondensie moet aan die Munisipale Bestuurder gerig word.  
All correspondence must be addressed to the Municipal Manager**

Signature of owner (if not person in charge):	
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<b>BANKING DETAILS</b>	
BANK:	NEDBANK LIMITED
ACCOUNT NUMBER:	1176524496
ACCOUNT NAME:	OVERBERG DISTRIC MUNICIPALITY
ACCOUNT TYPE:	CURRENT/CHEQ
BRANCH NAME:	BREDASDORP
BRANCHCODE:	198765
PAYMENT REFERENCE:	NAME OF PREMISES & TOWN

**FOR OFFICE USE ONLY**

1. Supporting Documents verification (Yes/No)	Yes	No	Comment
Received by (Principal Clerk) Name & Signature:			
Date received (Principal Clerk):			
Copy of proof of Payment			
Copy of proof of residence			
Certified id copy or home affairs verified valid Passport and Visa for foreign national. (not older than 6 months)			
Certified copy of Business Visa for foreign national.			
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)			
General Comments:			

2. Application Recommended by (Yes/No)	Yes	No		
Name of EHP & Signature:				
Date of receiving application by EHP:				
Inspection checklist reference (EHP):				
Outstanding info (EHP):				
Approval Date:				
Amount paid by client and square meter description:				
<b>General Comments:</b>				
<b>3. Application verified &amp; approved by (Area Manager):</b>				
Application approved by verifier (Yes/No):	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:				
<b>General Comments:</b>				