EPHRAIM MOGALE LOCAL MUNICIPALITY APPLICATION FORM: REMOVAL AND/OR AMENDMENT OF TITLE CONDITIONS IN TERMS OF SECTION 65 OF THE EPHRAIM MOGALE LOCAL MUNICIPALITY SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAW, 2017

Please ensure that all the information is completed on the form. If any information is missing/incomplete this might result in a rejection of the application. This application can be submitted to the Municipal Manager

Ephraim Mogale Local Municipality

Physical address: 13 Ficus street, Marble Hall, 0450

Contacts: 013 261 8400				
	APPLICANT DETAILS	S		
Please indicate Type of Applicant	Individual –ID N			
	Legal – Registra	ation inumber		
	Applicant Details: Individ	dual		
Title				
Initial				
Full name				
Surname				
Preferred name				
ID number				
Gender				
Арр	licant Details: Legal Entit	ty / Other		
Name				
Registration Number				
Representative Name				
Appl	icant Physical Details of	Applicant		
Physical Address (Work)				
Street number				
Street name				
Township				
City		Postal Code		
Physical Address (Home)				
Street number				
Street name				
Township				
City		Postal Code		
	pplicant Postal Address I	Details		
Postal Type	Po Box		al Address (Home)	
, , , , , , , , , , , , , , , , , , ,	Private Bag		al Address (Work)	
Postal Number		ye.ee		
Township		Postal Code		
Specify City		. 55.5 6546		
,	oplicant Communication	Details		
E-Mail Address				
Cell Phone				
OCH I HOHE				



EPHRAIM MOGALE LOCAL MUNICIPALITY

Home Phone			
Work Phone			
Home Fax			
Work Fax			
Preferred Communication Type:	E-Mail	SMS	
	OWNERS I		
Please	e indicate the	type of applicant:	
individual		_ Legal	
	wner Details	Entity/other	
	wilei Delaiis	s. maividuai	
Title			
Initial			
Full name			
Surname			
Preferred name			
ID number			
Gender			
Owne	er Details: Le	gal Entity/Other	
Name		<u>- </u>	
Registration number			
Representative name			
	cal Address	Details of Owner	
Physical Address (Work)			
Address line 1 (Street no)			
Address line 2 (Street name)			
Township		Postal Code	
Specify City		,	
Physical Address (Home)			
Address line 1 (Street no)	•		
Address line 2 (Street name)			
Township		Postal Code	
Specify City	D = 1 1 1	Liver Batalla	
	ner Postal Ad	ddress Details	
Postal type Postal Number			
Township			
City Communication Details			
E-Mail Address			
E-Mail Address Cell Phone			
Home Phone			
Home fax			
Work fax			
Preferred Communication Type	E-Mail		SMS
i referred communication rype	∟-ividii		JIVIO



Details of Owner's/Marital Status		Not Applicable		ed in Commu	ınity	Married	
				of Property		Community of	
PROPERTY INFORMATION Please co property)	mplete t	his section for each property (i	make a s	eparate cop	y for ea	ach	
Township/ Agricultural Holding/ Farm		Portion	(eg /R1)				
Erf/Plot/Farm No		·					
Ward							
Street Name							
Street Number							
Town Planning Scheme							
Present Zoning							
Property Size (m²)		Title Deed Nu	umber				
Bond (Yes/No)	Yes			No			
If yes _Specify Bond Account Number.	•						
Bondholder's Name							
Existing Development							
Restrictive Title Deed Condition parage	raph						
No	•						
R	EMOVA	L OF RESTRICTIONS IN TITE	LE DEED)			
Restrictive Tile Conditions (According Title Deed)	to the						
Reason(s) for Amendment or Remov Condition/s	al of						
						Yes	Ma
Indicate whether the property/ties included in a regis		uated in a conservation area o perties worthy of conservatior		ve been		res	No
If yes, please specify							
Does the property have any enda	angered	olant or animal species, which	will be S	Specify		Yes	No
If yes, please specify							

REQUIRED DOCUMENTS

Kindly refer to the submission checklist accessible from the Ephrai	n Mogale Local Municipality Website <u>www.ephraimmogalelm.gov.za.</u>
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being the Registered Owner / Authorised Agent of the property/ties declare that the above information is correct

and that the required documents are attached.

The following documentation will be submitted to: Municipal Manager:

Ephraim Mogale Local Municipality

Physical address: 13 Ficus street, Marble Hall, 0450

Or

SIGNATURE

Ephraim Mogale Local Municipality Postal address: Box 111, Marble Hall, 0450 Contacts: 013 261 8400

FOR OFFICIAL USE			
Receipt Amount			
Receipt Number			
Payment Date			
Application Form Date			

DATE