



OSHAKATI TOWN COUNCIL

Tel: +264 65 229500
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906 Sam Nuyoma Road
Private Bag 5530
Oshakati
Namibia

Application Certificate of Fitness and Registration

New application Renewal

(Mark with an "X")

NAME OF BUSINESS

NAME OF OWNER

NAME OF MANAGER.....

POSTAL ADDRESS

TELEPHONE OR CELL NOFAX NO.

E-MAIL ADDRESS.....

PHYSICAL ADDRESS OF BUSINESS

Erf No.Ext..... Township/Location

TYPE OF BUSINESS TO BE REGISTERED

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.....

All applicants for a new registration, when requested, are required to submit a building plan (ground layout) of the intended business and the following; **Two Passport Photos, one ID copy, Rental Agreement or Letter of Ownership or Water Bill Paper and Founding Statement** should be attached.

I agree to pay inspection fees and the property will be ready for inspection on: **DATE THIS: DAY OF..... 20.....**

Consent of the owner of registered property

.....
Property owner's signature **Date**

.....
Applicant's signature **Date**

FOR OFFICIAL USE ONLY

Administration/ inspection fee: Registration fee:.....

Receipt No: Receipt No:

Date: Date:

Vote No.: 0068847002..... Vote No.: 0068812007.....

Date Received:

Name of Applicant

Name of Business Trading

Erf /Plot Owner

PROPERTY INFORMATION

Erf/Plot No.

Location

Owner/ Registered Tenant

DEBTORS INFORMATION

	Account No.	Amount N\$
Owner/ Main Tenant Account		
Other Consumer: Name		
1.		
2.		
3.		
4.		

Remarks:

.....

.....

Debtors Accountant: Signature.....Date Stamp.....

DEPARTMENT OF PLANNING & PROPERTIES

Zoning:

Business: Residential: General Residential: Industrial: Institutional:

Building plan submitted Approved Not approved

Comments:

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Not approved / Approved

With the following conditions:

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.....

Building Inspector Signature.....Date: Stamp.....

DEPARTMENT OF HEALTH AND ENVIRONMENTAL MANAGEMENT

Comments: During Inspection:

Not approved / Approved with the following conditions:.....

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Signature:.....Date Stamp:.....