

# ELIAS MOTSOLEDI LOCAL MUNICIPALITY



## APPLICATION FOR PURCHASE OF ERVEN / STAND

Complete all sections:

Please use clear letters and tick applicable blocks. Complete forms in black ink only.

Partially completed forms will not be accepted. Incomplete and inaccurately completed forms will lead to disqualification. Proof of residents and certified ID copy / Company registration certificate if applicable be attached.

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Enquiries and form submissions:

Completed forms can be submitted at Elias Motsoaledi Local Municipality's Main Office (i.e. 2<sup>nd</sup> Grobler Avenue, Groblersdal) in a box marked "Disposal of ervens".

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### 1. PARTICULARS OF ERF

Erf number	<input type="text"/>	Town	<input type="text" value="GROBLERSDAL"/>
Bid Price	<input type="text"/>		

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### 2. NAME OF APPLICANT

Title	<input type="text"/>	First names	<input type="text"/>		
			<input type="text"/>		
Surname	<input type="text"/>				
Type of identification attached to application	<input type="checkbox"/>	ID document	<input type="checkbox"/>	Passport	<input type="checkbox"/>
Identity number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tax Invoice required	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

### 3. COMPANY DETAILS

<b>Name of company</b>	
<b>Company registration number</b>	
<b>Central supplier database number</b>	MAAA
<b>Cellphone number</b>	
<b>Telephone number</b>	
<b>Fax number</b>	

Residential Address

Postal address

Code

Work telephone number

Home telephone number

Fax Number

Cellphone number

E-mail address

Applicant postal address where documentation must be sent to, if different from physical address:

Respond to be:      Posted ☐      Faxed ☐      E-mailed ☐

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**4. CONTACT PERSON (person to be contacted in case of any queries)**

Title, First name

Surname

Work telephone number

Home telephone number

Fax Number

Cellphone number E-mail address

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**5. DECLARATION**

I,

Hereby declare that all the information provided in this application and any attachments in support thereof is to the best of my knowledge true and correct. I understand that any misrepresentation or failure to disclose any information may lead to disqualification of my application.

Signature

Date