



APPLICATION FOR THE SUPPLY OF A HOME COMPOSTING KIT

Please read the terms and conditions before completing the application.

Please use BLOCK LETTERS only.

1. APPLICANT DETAILS			
Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	Trust <input type="checkbox"/>	Municipal account no:
Title:	Name:	Surname:	
Tel:	Cell:		
Email:			
Identity/passport no:			
If applying on behalf of a company or trust, please provide their registration no:			

2. ADDRESS			
Erf number:	Street name and number:		
Suburb:	Postal Code:		
Postal address (if different from physical address):			
Suburb:	Postal Code:		

3. STATEMENT			
I hereby confirm that the property I am applying for a home composter for qualifies to the terms and conditions according to my knowledge. I undertake to comply with the relevant Saldanha Bay Municipality's Home Composter Terms and Conditions. I confirm that a copy of the following documentation is attached:			
1. Municipal account <input type="checkbox"/>	2. SA identity document/passport <input type="checkbox"/>	3. Completed proxy document (if applying on behalf of a trust or as a tenant) <input type="checkbox"/>	
Applicant's name:	Date:		
Applicant's signature			

FOR OFFICE USE ONLY			
Home composting kit collected by applicant?	Yes/No	Home composting kit to be delivered?	Yes/No
Name of person who took receipt of the home composting kit:			
Official's name:	Date:		
Official's signature			