



Municipal Health Services

APPLICATION FOR A CERTIFICATE OF COMPETENCE FOR FUNERAL UNDERTAKERS' PREMISES OR MORTUARY IN TERMS OF REGULATION 4(1)(a), REGULATIONS RELATING TO MANAGEMENT OF HUMAN REMAINS. IN TERMS OF GOVERNMENT NOTICE NO. 363, 22 MAY 2013 OF ACT, 2003 (ACT 61 OF 2003)

1. I,, ID no., hereafter referred to as the applicant, wish to apply for a certificate of competence for a:

Funeral Undertaker	
Mortuary	

Indicate the appropriate selection with an X

in terms of regulation 4(1)(a) of Regulations Relating to the Management of Human Remains, R 363 of 22 May 2013 as promulgated in terms of section 68(1)(b) read with section 90(4) of the National Health Act 2003 (Act 61 of 2003)

2. **Applicant's full address:**

.....
.....

3. **The premises are situated at:** (street address)

.....
..... **Plot No.**

4. **Attached, find the following as required by regulation 4(2)(b):**

- a) A description of the premises and the location thereof.
- b) A complete floor plan of the proposed construction or existing buildings on a scale of 1: 100.
- c) A block plan of the premises on which true north is shown indicating which adjacent premises are already occupied by the applicant or other persons and for what purpose such premises are being utilised or are to be utilised; and

5. Particulars of any person other than the applicant or any of his employees who will prepare human remains on the premises.

Name	ID no.	Residential Address
1.		
2.		

6. Publication of a notice

I have taken cognisance of regulation 4(1) of the regulation and have 21 days before submitting this application; caused a notice to be published in one of the official languages in a newspaper that appears mainly in that language, and in another official language in a newspaper that appears mainly in the latter language where each of the said newspapers circulates in the area in which such premises are situated,

or

where separate newspapers in each of the official languages do not so circulate, caused such notice to be published in both official languages in a newspaper that so circulates.

Such notice contained information to the effect that an application for the issue of a certificate of competence in terms of the regulations is to be submitted to the Overberg District Municipality and that any person who will be affected by the use of such funeral undertaker's premises or mortuary and wishes to object to such use shall lodge his objection, together with substantiated representations, with the Overberg District Municipality, Private Bag X22, Bredasdorp, 7280 in writing within 21 days of the date of publication of such notice.

.....

SIGNATURE OF APPLICANT

.....

DATE

PLEASE NOTE:

1. ***No incomplete application or an application in respect of which all items listed in section 4 of this application are not submitted with the application will be processed.***
2. ***A copy of the 2 notices in both languages as they appeared in the newspaper(s) along with the names of the said newspaper(s) and the date that these notices appeared in the said newspaper(s) should be submitted with this application.***

BANKING DETAILS:

Bank: Nedbank limited bank
Acc. No: 117 652 4496
Branch name: Worcester & Overberg inland
Branch code: 198765
Account type: Current
Acc. Name: Overberg District Municipality
Acc. Opened: 31/08/2018
Reference: Name of business + TOWN
Payable amount: R1050.00 – 2024/2025 financial year

FOR OFFICE USE ONLY

Application approved by EHP (Yes/No):	
Name of EHP:	
Date of receiving application by EHP:	
Inspection checklist reference (EHP):	
Outstanding info (EHP):	
Amount paid by client and description:	
Received by (Principal Clerk):	
Date received (Principal Clerk):	
Application verified by (Area Manager):	
Application approved by verifier (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:	