**KARIBIB TOWN COUNCIL**

**Environmental Health Department**

**Tel: (+264 64) 550016 19Kalk Street P. O. Box 19**

**Fax: (+264 64) 550032 Karibib, Namibia**

**APPLICATION FORM**

**CERTIFICATE OF REGISTRATION FOR NON-GOVERNMENTAL ORGANISATION (CHURCHES, COMMUNITY BASED ORGANISATIONS & NON-PROFIT ORGANISATIONS)**

**PLEASE NOTE THAT THE APPLICATION FEE IS NON-REFUNDABLE**

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| --- | --- | --- | --- | --- | --- |
| **MARK THE APPROPRIATE BOX** | | | | | |
| **NEW APPLICATION** |  | **RENEWAL** |  | **CHANGE**  *(ownership/premises)* |  |
| Building plan |  | Certified ID copy |  | Notification letter |  |
| Certified ID copies (owner/manager) |  |  |  | Certified ID copies |  |
| Lease Agreement (in case of rental space) |  |  |  | Cert. Original Registration |  |
| Ministry of Industrialization Trade and SME Development Registration as Non-profit Organisation |  |  |  |  | |
| Constitution |  |  | |  | |
| Social Welfare registration |  |  | |  | |
| Neighbours consent |  |  | |  | |

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| --- | --- | --- | --- | --- | --- |
| 1. **DETAILS** | | | | | |
| Organisations name |  | | | | |
| Name of Owner |  | | | | |
| Identity Number |  | | | | |
| Name of Manager |  | | | | |
| Erf No &Business Street Address |  | | | | |
| Type of Organisation |  | | | | |
| Services offered |  | | | | |
|  | | | | |
| Number of people employed | Male |  |  | Female |  |
| 1. **CONTACT DETAILS** | | | | | |
| Postal Address |  | | | | |
| Tel/Cell phone number |  | | | | |
| Email Address |  | | | | |
| Fax Number |  | | | | |
| Properties Owners Name |  | | | | |
| Applicant’s Signature |  | | | | |

**FOR OFFICIAL USE ONLY**

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|  |

**Registration Number**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **REVENUE CONTROL DIVISION** | | | | | | | |
| Water Account number | | | | | |  | Date |
| **Outstanding amount N$:** | | | | | | | **Signature Cashier:** |
| Approved with the following condition : | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | Reason for not approval: | | | |
| Signature stamp | | | | | | | |
| 1. **SAFETY, HEALTH AND ENVIRONMENTAL DIVISION** | | | | | | | |
| Approved with the following condition : | | | | | | | |
|  | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | | Reason for not approval: | | |
| Signature stamp | | | | | | | |
| 1. **TOWN PLANNING DIVISION** | | | | | | | |
| Approved on the following conditions: | | | | | | | |
|  | | | | | | | |
| Not Approved |  | | Reason for not approval: | | | | |
| Signature stamp | | | | | | | |
| **4.FIRE DIVISION** | | | | | | | |
| **Approved on the following Condition:** | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | | Reason for not approval: | | |
| Signature stamp | | | | | | | |
|  | | | | | | | |
| **5.CHIEF EXECUTIVE OFFICER** | | | | | | | |
| Approved on the following conditions**:** | | | | | | | |
|  | | | | | | | |
| Not Approved | |  | | | Reason for not approval: | | |
| Signature stamp | | | | | | | |