

MUNICIPALITY SWAKOPMUND

Consent from adjoining owner/neighbours for Business Registration and/or Consent Use

I	the ow	ner of Erf
Street Address:		
Postal Address:		
Tel. No.:		
E-mail Address:		
Am aware that an applica	ation for a	
	By Messrst the Municipality of Swakopr	
No objection	Signature of Owner	
Objection	Signature of Owner	
against the proposed cor	rk which ever is applicable in the block) nsent use: e stipulate your reasons/remarks below)	
(1)	REMARKS/REASONS	
SIGNATURE	FULL NAME	DATE
Contact Details: Tel. No / Cell	Phone:	

Please attach certified copy of Identity (signature) of the neighbour (owner of the erf).