



water & sanitation

Department:
Water and Sanitation
REPUBLIC OF SOUTH AFRICA

REGISTRATION/LICENSING PART 1

COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY, NATIONAL OR PROVINCIAL GOVERNMENT

1. GENERAL INFORMATION

Mark the applicable option(s) with an X and/or complete details where applicable/available.

Indicate the nature of this application:

New registration Minor change

Formal amendment

Registration Number

--	--	--	--	--	--	--	--	--	--

2. PARTICULARS OF THE APPLICANT

Application for:
(Mark one block with an X)

Company, business, partnership or community (complete part 3,5,6,7 and 8)

National or provincial government (complete part 4,5,6,7 and 8 excl. 8.1.2)

3. PARTICULARS OF THE COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY

3.1 Name of company, business, partnership or community:

WILMAR PROCESSING SA (PTY) LTD

3.2 Trading name if different from name of company, business, partnership or community:

NOT APPLICABLE

3.3 Type of enterprise:
(Mark one block with an X)

06 Public Company (Ltd) 07 Private Company (Pty) Ltd

08 Article 21 (Association Inc. under Article 21 of the Company Act No. 61 of 1973) 09 Limited By Guarantee

10 External Company 11 External Company under article 21 of the Company Act No. 61 of 1973

20 Transvaal Ordinance 21 Incorporated (Inc)

22 Unlimited 23 Close Corporation (CC)

24 Co-operative (CR) Trust

Parastatal

Other [i.e. non-CIPRO Company types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust and Parastatal]

3.4 Business enterprise registration number:

2017/389664/07

3.5

Date established:

(ccyy/mm/dd)

2	0	1	7	0	8	3	1
---	---	---	---	---	---	---	---

3.6

Country where established:

SOUTH AFRICA

3.7

VAT registration number:

4. PARTICULARS OF NATIONAL OR PROVINCIAL GOVERNMENT**4.1 National Department:****4.2 a) Provincial Department:****b) Province:****5. APPLICANT CONTACT DETAILS****5.1 Postal Address:**Postal Code **5.2 Street Address** (only if different from postal address):Postal Code **5.3 Contact telephone number during office hours**Area/cell code Number Ext **Alternative contact number**Area/cell code Number Ext **5.4 E-mail**carole.latham@za.wilmar-intl.com**6. CONTACT PERSON DETAILS****6.1 Title**DIRECTOR**6.2 Name**CAROLE**6.3 Surname**LATHAM**6.4 Telephone**Area/cell code Number Ext **6.5 Cell Phone Number**Area/cell code Number **6.6 Fax**Area/cell code Number Ext **6.7 E-mail**carole.latham@za.wilmar-intl.com**6.8 Preferred Form Of Communication**email

Declaration by applicant (or person who was granted power of attorney by the applicant)

Surname of delegated person:

TATHAM

Title:

MRS

Initials:

CM

ID Number:

570715000A088

Passport Number:

(if not a holder of South African ID)

Expiry Date (ccyy/mmdd):

I CAROL MARGARET TATHAM (FULL NAME(S)) hereby declare that the information provided by me in this application form is, to the best of my knowledge, true and correct.



CM

Signature

DIRECTOR

Designation of signatory

Thumb print

CM 519 1000

Contact number during office hours

2019/11/13

Date (ccyy/mm/dd)

It is a criminal offence to provide information that is false or misleading.

7.

LIST OF PART 2 DOCUMENTS (WATER USE RELATED FORMS)**Mark with an X which of the following documents have been submitted with this application**

- | | |
|---|---|
| <input type="checkbox"/> DW760 NWA-Section 21(a) | <input checked="" type="checkbox"/> DW768 NWA-Section 21(i) |
| <input type="checkbox"/> DW761 NWA-Section 21(b) | <input type="checkbox"/> DW780 NWA-Section 21(h) |
| <input type="checkbox"/> DW762 NWA-Section 21(b) | <input type="checkbox"/> DW805 NWA-Section 21(j) |
| <input checked="" type="checkbox"/> DW763 NWA-Section 21(c) | <input type="checkbox"/> DW806 NWA-Section 21(k) |
| <input type="checkbox"/> DW764 NWA-Section 21(d) | <input checked="" type="checkbox"/> DW901 Property or properties where water use occurs |
| <input type="checkbox"/> DW765 NWA-Section 21(e) | <input checked="" type="checkbox"/> DW902 Details of property owner |
| <input type="checkbox"/> DW766 NWA-Section 21(f) | <input type="checkbox"/> DW903 Actual/Monitored waste discharge details NWA-Section 21(f/h) |
| <input type="checkbox"/> DW767 NWA-Section 21(g) | <input type="checkbox"/> DW904 Actual/Monitored waste discharge details NWA-Section 21(e/g) |

8. THIS SECTION IS RESERVED FOR OFFICE USE ONLY

8.1	Billing information		
8.1.1	<input type="checkbox"/>	<input type="checkbox"/>	WMA for billing*
	* Water Management Area Codes		
	01 Limpopo	05 Vaal	09 Berg-Olifants
	02 Olifants	06 Orange	
	03 Inkomati-Usuthu	07 Mzimvubu-Tsitsikamma	
	04 Pongola-Umzimkulu	08 Breede-Gouritz	
8.1.2	District Municipal Establishment Levy Payable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8.2	Mark with an X which of the following documents have been submitted with this application		
	<input type="checkbox"/> Certified copy of South African identity document		
	<input type="checkbox"/> Certified copy of passport		

File number (i.e. Office Hardcopy Register File No)

Water Use Register Number

Received by:

Surname

Initials

Position / Rank

Signature

Date (ccyymmdd)

Captured on NRWU database

Captured by:

Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:

Surname

Initials

Position / Rank

Signature

Date (ccyymmdd)