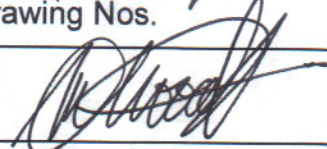


2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME <u>M. MOODLEY</u>	
POSTAL ADDRESS <u>13 EARL HAIG ROAD</u>	
<u>MORNINGSIDE</u>	POST CODE
TEL <u>031 2071943</u>	FAX
CELL <u>083 7880670</u>	SACAP REG. NO. <u>S.T. 1022</u>
Author's Drawing Nos.	
SIGNATURE 	DATE

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX

4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power or Attorney/proof of authorization to be attached)

NAME	
TEL	FAX

F. SUBMISSION FEE: R600.00 (subject to annual increment on the 1 April)

The submission fee is payable to **Amafa aKwaZulu-Natali** by cheque or bank deposit/internet banking prior to the processing of this application.

Banking details in case of direct deposits:
ABSA BANK: Branch: ULUNDI Bank Code: 630330
 Account in the name of **AMAFA AKWAZULU-NATALI**
Account No. 40-5935-6024
NB: Proof of payment to be forwarded (faxed, posted or delivered) to our office

G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)	✓	
MOTIVATION	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	✓	
PLANS (X2 SETS) - NUMBERED AND COLOURED	✓	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	✓	
PROOF OF PUBLIC PARTICIPATION		✓
PAYMENT/PROOF OF PAYMENT	✓	