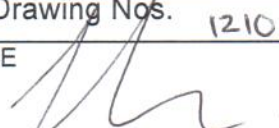


2. ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME LUKE CLINTON NAIDOO	
POSTAL ADDRESS 1 DERBY PLACE	
WESTVILLE	POST CODE 3630
TEL 031 266 7447	FAX 031 266 5036/086 620 6025
CELL 084 521 7642	SACAP REG. NO.
Author's Drawing Nos. 1210-201	
SIGNATURE 	DATE 26 AUGUST 2013

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

NAME GANESAN PERUMAL CHETTY	
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 LUKE CLINTON NAIDOO	
TEL 031 266 7447/084 521 7642	FAX 031 266 5036/086 620 6025

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)	X	
MOTIVATION	X	
PHOTOGRAPHS	X	
ORIGINAL DRAWINGS	X	
PLANS (X2 SETS) - NUMBERED AND COLOURED	X	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	X	
PROOF OF PUBLIC PARTICIPATION	X	
PAYMENT/PROOF OF PAYMENT	X	