

REGISTRATION OF INDUSTRY REGULATORY BODY:	
CELL	CONTRACTOR
TEL	
FAX/EMAIL	

2. ARCHITECTURAL PROFESSIONAL/HERITAGE PRACTITIONER

NAME	NGJ HAYTER	
POSTAL ADDRESS	21 GREENWOOD ROAD	
	BOUGHTON, PM BURG	
POST CODE	3201	
TEL	082 339 2308	FAX/EMAIL
CELL	082 339 2308	PROFESSIONAL REG. NO.
Author's Drawing Nos.	Pr Tech Eng 8870162	
SIGNATURE		DATE

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

NAME	ARCHDIOCESE OF DURBAN (BISHOPRICED MANDLA JIMBA)	
POSTAL ADDRESS	Box 482, DURBAN	
POST CODE	4000	
TEL	031-3039586	FAX/EMAIL

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	VICTOR LANDMAN	
TEL	082 874 2549	FAX/EMAIL

**F. SUBMISSION FEE: R4000.00** (subject to annual increment on the 1 April)

The submission fee is payable to the Kwazulu-Natal Amata And Research Institute by bank deposit/internet banking (EFT) and proof of payment must be submitted with the application.

USE STREET ADDRESS/FARM NAME or DEVELOPMENT/PROJECT TITLE OR SAHRIS ID NUMBER AS REFERENCE

**ACCOUNT DETAILS:**  
**ABSA BANK: Branch: ULUNDI Bank Code: 630330**  
 Account in the name of the KZN Amata and Research Institute  
 Account No. 40-5935-6024

**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)

N/A

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Fax/Email \_\_\_\_\_

**H. CHECKLIST OF SUPPORTING DOCUMENTATION** (\*see guidelines)

APPLICATION FORM (COMPLETED & SIGNED BY OWNER & CONSULTANT)	✓
MOTIVATION/INCEPTION REPORT	✓
PHOTOGRAPHS*	✓
ORIGINAL/PREVIOUS DRAWINGS/REPORTS	✓