2.	ARCHITECT/ARCHITECTURAL TECHNOLOGIST/DESIGNER

NAME Man N. I.				
MR. N. LAKRAD				
22 GROSDALE CLOSE,	Newlands	POST CODE		
TEL MARBIERAY	FAX	POST CODE	4037	
CELL		110		
1 084 XL7 90<<	SACAP REG	5. NO. ST 1564		
Author's Drawing Nos. 2011/12/01 Shot	; 2011 /12/o	SDO2		
SIGNATURE	DATE	,		
21/20000	25/0	2/2012		
3. OWNER OF PROPERTY (Owner or deleg	ated person to	sign on the front of th	is form)	
NAME MR. A.G. FERREIRA				
POSTAL ADDRESS 1.0. Box 205				
UMHLANGA ROCKS		POST CODE	1320	
TEL 031 561 1112	FAX			
4. DELEGATED AUTHORITY (The name of	of the person	authorized to act	on beha	lf of a
company or institution – Power or Attorney/pro	of of authoriza	ition to be attached)		
TEL	EAV			
122	FAX			
The submission fee is payable to Amafa aKwabanking prior to the processing of this application. Banking details in case of direct deposits: ABSA BANK: Branch: ULUNDI Bank Code: 6 Account in the name of AMAFA AKWAZULU-NATACCOUNT NO. 40-5935-6024 NB: Proof of payment to be forwarded (faxed, positive statements).	330330 FALI		leposit/in	ternet
G. PUBLIC PARTICIPATION: (Contact dewritten opinion to be attached to form and drawings Name	to be signed by	ed and Affected Parti y I & A P. See Guide	ies Cons lines)	sulted -
Telephone	Fax			
H. CHECKLIST OF SUPPORTING DOCU			YES	NO
APPLICATION FORM (COMPLETED & SIGNED B				
MOTIVATION			_	
PHOTOGRAPHS				
ORIGINAL DRAWINGS				
PLANS (X2 SETS) - NUMBERED AND COLOURED)			
PROOF OF PROFESSIONAL ACCREDITATION (e	.g. copy of accr	reditation card)		
PROOF OF PUBLIC PARTICIPATION				
PAYMENT/PROOF OF PAYMENT				