

**WESKUS DISTRIKSMUNISIPALITEIT
WEST COAST DISTRICT MUNICIPALITY**

Rig alle korrespondensie aan:
Address all correspondence to:

**MUNISIPALE BESTUURDER/
MUNICIPAL MANAGER**

Navrae/Enquiries :
Verw.Nr./Ref. No.: **M Blanckenberg
15/14/11**



Posbus / P O Box 242
MOORREESBURG, 7310

Telefoon/Phone (022) 433 8400
Faks/Fax Nr. 086 6926 113

E-Mail Adres/Address :
westcoastdm@wcdm.co.za

17 January 2017

Complete the application form and send it to West Coast District Municipality before or on 03 March 2017. Documents as mentioned must accompany the application form.

APPLICANT INFORMATION

Name and surname	
Adress	
Age	
Date of birth	
Identity number	
Passport number	
Are you in possession of an unabridge birth certificate	
Name of school and grade	
Language	
Interests	

PARENT OR GAURDIAN INFORMATION

Name and surname	
Adress	
Contact number	(h) (w) (Cell)
E- mail adres	

I herewith confirm that the infomation given above is correct.

Signature of parent / gaurdian

Date