



**GEORGE MUNICIPALITY**  
**APPLICATION FORM FOR LISTING ON**  
**DATABASE OF INTEREST GROUPS**  
**TO BE REPRESENTED ON WARD COMMITTEES**

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This form must be duly completed, preferably with a black pen, signed as requested and placed together with supporting documentation, in an envelope clearly marked "Database of Interest Groups". Please forward it to the IDP/PMS & Public Participation Office, P O Box 19, George, 6530, or hand in at the Ward Committee Office, 3<sup>rd</sup> Floor, York Street, George.

**PLEASE NOTE**

- One representative of each category of Interest Groups (eg. Community Safety) is allowed to become a member of a specific Ward Committee.
  - Agreement needs to be reached between Interest Groups on representation if different Interest Groups who falls under the same Category find themselves in the same ward.
  - It is advised that Interest Groups which are not necessarily ward based, register a Representative for the different wards where they are active.
  - For more information contact [pasaaiman@george.gov.za](mailto:pasaaiman@george.gov.za) or 044-801 9074.
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**Section 1: Contact Details**

1.1	Name of Interest Group:	
1.2	Postal Address:	
1.3	Physical Address:	
1.4	Telephone number (incl. code)	
1.5	Fax (incl. code)	
1.6	Cell phone number	
1.7	E-mail Address	
1.8	Contact Person	
1.9	Ward number	

1.10	Current Ward Councillor	
1.11	Nearest Area Office	

**Section 2: Category of Interest: (Tick appropriate Box)**

NO	CATEGORY	X	NO	CATEGORY	X
2.1	Sport, Culture and Recreation		2.7	Welfare includes Senior Citizens, ECD, People with Disabilities	
2.2	Women		2.8	Business (formal & informal)	
2.3	Faith Based Organisations		2.9	Education	
2.4	Youth		2.10	Environment	
2.5	Health		2.11	Community Safety	
2.6	Ratepayers Associations				

*(Please attach copy of constitution)*

**Section 2A: Please briefly describe your principal activities:**

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**Section 3: Business Details:**

3.1	Registration No.	
3.5	George Municipal Account Number(s)	
3.7	Number of years in Business	

**Section 4: Details of Executive members**

Position	Surname	Name	Id number	Contact number
Attach list where needed				

**Section 4: Declaration of Correctness of information provided:**

I / We the undersigned, warrant that I am/we are duly authorised to do so and on behalf of .....  
 ..... declare  
 that:

- 1. the information contained in this document is correct.
- 2. if there are any changes to the information supplied on this document, the IDP/PMS and Public Participation Office will be informed within seven (7) working days.

Signature:		Signature:	
Name:		Name:	
Capacity:		Capacity:	
Tel No:		Tel No:	
Date:		Date:	

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**FOR OFFICIAL USE:**

Name of Interest Group	
Date Received	
Accepted	
Date Captured	
Database Registration Number	