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***The Msunduzi Municipality***

**SUSTAINABLE DEVELOPMENT & CITY ENTERPRISES**

**Telephone/uCingo: 033 3922135**

**Private Bag / Isikhwama: X 321**

**Pietermaritzburg/ePietermaritzburg 3201**

**NOMINATION FORM**

Tick the appropriate box bellow;

Municipal Planning Tribunal

Appeal Advisory Panel

Details of nominator who may be a self- nominee; (must be a natural person)

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Name of Candidate : |  |
| Postal Address : |  |
| Residential Address: |  |
| Telephone number : |  |
| Cell number : |  |
| Email address : |  |
| Date of brith : |  |
| Citizenship : |  |
| ID Number : |  |
| Passport Number : |  |
| Sex : |  |
| Race : |  |

**ACCEPTANCE**

I, ( full names of nominee),

Hereby declare that :

1. I am available to serve on the Msunduzi Municipality’s Planning Tribunal or Appeal Advisory Panel.
2. Have no conflict of interest in serving on the Municipal Planning Tribunal or Appeal Advisory Panel.
3. I am not disqualified in terms of section 38 of the Spatial Planning and Land Use Management Act, 16 of 2013 to serve on the Municipal Planning Tribunal or Appeal Advisory Panel, and I authorise the Municipality to verify any record in relation to such disqualification or requirement.
4. I undertake to sign, commit to and uphold the Code of Conduct applicable to members of the Municpal Planning Tribunal or Appeal Advisory Panel.

**MOTIVATION AND REASON FOR NOMINATING THE NOMINEE**

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Signature of nominee Date: