

**TOWN PLANNING DATABASE REGISTRATION FORM**

**PARTICULARS OF THE AGENT/ COMPANY**

* 1. Name of the Agent or Company

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* 1. Contact Person

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* 1. Postal Address

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|  |
| Postal Code: |

* 1. Physical Address

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|  |
|  |
| Postal Code: |

* 1. Telephone Number Cell Phone Number

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| ( ) | ( ) |

* 1. E-Mail Address [Please use capital letters]

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| 1. |
| 2. |

* 1. Preferred Method of Communication [Please Tick]:

E-mail  Phone  Post 

* 1. Professional Registration Information only [proof of valid professional registration required at application stage]:

|  |  |
| --- | --- |
| Profession: |  |
| Name of Professional Body: |  |
| Registration Title: |  |
| Registration No: |  |
| Date of Registration: |  |

Is the professional registration valid: **Yes**:  **No**: 

**2. DECLARATION**

I declare that the information I have supplied is both true and correct. I accept that the Msunduzi Municipality may act against me should this declaration prove to be false.

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Agent’s Signature Date

***NB: This form is intended for professionals seeking registration within the Town Planning Database, enabling them to appropriately submit land development applications as per the municipality's SPLUM Bylaws, and must be submitted to the Town Planning Department, 5th Floor, Professor Nyembezi Center, Church Street, or via email to*** [***Nombuso.Mabizela@msunduzi.gov.za***](mailto:Nombuso.Mabizela@msunduzi.gov.za) ***on or before the 30th of September 2025.***