

ONIIPA TOWN COUNCIL

Tel: +264 65 245700/10 Fax: +264 65 245 711 PO Box 25179 Onandjokwe, Namibia Onandjokwe Road Oniipa, Namibia

OFFICE OF THE CHIEF EXECUTIVE

Enq: Mr. E.N. Shingenge

Email: eshingenge@oniipatc.org.na

APPLICATION FORM FOR BUSINESS REGISTRATION

1. (Please tick in the appropriate box)

New	Renewal		Change		Lost		Damaged	
			ERSONAL I	ETAILS		2 31 2	DE 155 TO 1	6. 2
Trade Name		E	rf No	Locatio	n:			
Name		J.	dentity No.			Email		
Surname		N	/lobile	08		Tel		
Postal Add.			lumber of mployees			Male	Female	

2. Nature of the business $[\sqrt{\ }]$

Restaurant	Bottle Store	Others(specify)
Hotel	Crèche	
B&B	Kindergarten	
Hairdresser/Salon	Bakery	
Car wash	Factory	
Hawker	Take away	
General dealer	Banking	
Shebeen	Motor garage	
Butchery	Dry Cleaner	

3. Application Requirements and attachments (If applicable)

Lease Agreement / proof of Ownership	Liquor License	Gambling License	
Certified Copy of Identity Document	Company Reg. Doc		

I CONFIRM THAT:

- I have read this form and acknowledge the collection and use of my personal information as outlined above in this form;
- ii. To the best of my knowledge the information contained in this application and accompanying documentation is true and correct.

APPLICANT'S SIGNATURE:	DATE:	

FOR OFFICIAL USE

LED	EHP	PLANNING	FINANCE	AMOUNT N\$
Recommended/Not	Recommended/Not	Recommended/Not	Recommended/Not	
Comments:		Comments:	Comments:	
Signature:		Signature:	Signature:	

IR. JUNIAS JAKOB	Approved	Conditions (if any),
HIEF EXECUTIVE OFFICER	Not Approved	