



10 Connor Street

P.O. Box 5

Port Shepstone, 4240

Telephone: 039 688 2000

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The Game changer of South Coast development

Applicant NO. \_\_\_\_\_

### MAYORAL REG FEE APPLICATION FORM 2023/2024

Please ensure all required documents are attached. Use BLOCK letters and BLACK pen. NB: The Municipality reserves the right to award or not to award applicants based on its budget. If any of the documents are not attached and/or certified copies are older than 6 months, the applicant will automatically be disqualified. Incomplete application forms will not be considered. Kindly fill in all information required. Application forms with attached certified documents must be emailed to [samkelisiwe.ngwabe@rnm.gov.za](mailto:samkelisiwe.ngwabe@rnm.gov.za) or hand delivered to: No.46 Aiken Street Port Shepstone Youth Advisory Office. Where an applicant has not been contacted within 4 weeks from the closing date must consider their applications unsuccessful.

#### DETAILS OF THE APPLICANT:

Title (Mr, Mrs., Miss, Ms.): \_\_\_\_\_ Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

ID No.: \_\_\_\_\_ Gender: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Cell No.: \_\_\_\_\_ Alt No. \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Course of Study \_\_\_\_\_ Year of Study \_\_\_\_\_

Registration fees: R \_\_\_\_\_ Due date for registration: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Applicants with a confirmation of any assistance (e.g. NSFAS, bursary,) do not qualify for Mayoral Registration Fee Assistance

#### SUPPORTING DOCUMENTS

Certified copies of ID or Death Certificate (Applicant, Both Parents, or guardian);

Grade 12 statement of results/NSC Certificate

Proof of residential address

Proof of acceptance from University or University of Technology (showing registration fee amount)

Certified copy of proof of both parents' income and/or guardian's income (e.g. Pay slip, SASSA letter, Affidavit)

DETAILS OF PARENT/GUARDIAN: Title :( Mr/Mrs/Ms) \_\_\_\_\_ Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_ ID No: \_\_\_\_\_

Relationship: Father/Mother/Guardian \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Total Income per annum: \_\_\_\_\_  
(Please attach proof of income)

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**RECOMMENDED / NOT RECOMMENDED**

Comments:

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.....

Signature of Assessor \_\_\_\_\_ Date: \_\_\_\_\_ 2024

**APPROVED / NOT APPROVED:**

Comments:.....

.....

Signature of Accounting Officer/Delegate \_\_\_\_\_ Date \_\_\_\_\_ 2024