

# Sedibeng District Municipality



## STAKEHOLDER DATABASE

### Registration Form

Stakeholder Name:		
Stakeholder Type:	<i>Sector: Civil society / Business / Religious / Labour / Political org / Education inst / Financial inst etc:</i>	
Registration no.(if any) :		
Stakeholder Status (Region/Local):		
Stakeholder Operational Centre:		
Do you have a constitution: Yes/No <i>(if yes, please attach it)</i>		
Number of members attended:		
Type of Service Rendering:	Relevant Dept (if any):	
Office Physical Address:		
Contact Person Details below:		
Surname:	Initials:	First Name:
ID:	Dr/Prof/Bishop/Arch Bishop/Rev/Pastor/Mr/s	
Portfolio:	Cell:	Tel:
E-mail:	Address:	Fax:

I declare that the above information submitted is true!

FULL NAME AND SURNAME	_____	Date:	
		Contact Tel number:	
		Cell number:	
		Constitution & members list Attached:	
SIGNATURE		Place:	



## Other Committee Members:

Portfolio:		Initial & Surname:	Cell:
Portfolio:		Initial & Surname:	Cell:
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### LOCAL CONTACTS (if any)

<b>1.EMFULENI LM CONTACT</b>	Initial & Surname:		
Cell:		Tel:	Fax:
<b>ALTERNATIVE CONTACT</b>	Initial & Surname:		
Cell:		Tel:	Fax:
<b>2.LESEDI LM CONTACT</b>	Initial & Surname:		
Cell:		Tel:	Fax:
<b>ALTERNATIVE CONTACT</b>	Initial & Surname:		
Cell:		Tel:	Fax:
<b>3.MIDVAAL LM CONTACT</b>	Initial & Surname:		
Cell:		Tel:	Fax:
<b>ALTERNATIVE CONTACT</b>	Initial & Surname:		
Cell:		Tel:	Fax:

**Verification process and declared received by and that the above information is true!**

<b>FULL NAME AND SURNAME</b>	_____ Khosi Masie  Stakeholder Relations Officer External Communications Sedibeng District Municipality	Date:	
		Work Tel number:	(016) 450-3306
		Cell number:	079 510 7458
<b>OFFICE AND MUNICIPALITY</b>		<b>Constitution &amp; member list Attached:</b>	
<b>SIGNATURE</b>		Place:	