

MUNICIPALITY OF KARIBA



APPLICATION TO JOIN THE WAITING LIST

Part A – Personal Particulars (to be completed by all applicants)

1. Name of Applicant _____ ID No. _____
2. Name of Spouse _____ ID No _____
3. Postal Address _____
4. Current residential Address _____
5. Date of Birth of Applicant _____ Spouse _____
6. Monthly income Applicant _____ Spouse _____
7. Marital Status _____
8. Marriage Certificate No. and date issued _____
9. Occupation of Applicant _____
Spouse _____
10. Business address _____
11. Phone number _____
12. Number of dependents _____
13. Number of years in the Council area _____

Part B (to be completed by applicants wanting residential stands)

1. Type of stand wanted _____
2. Nature of intended development _____
3. Details of other residential stands leased or owned in Zimbabwe _____
4. Amount of capital available for development _____
5. Other information _____

Part C (to be completed by applicants wanting industrial or commercial stands)

1. Type of stand wanted _____
2. Nature of intended development _____
3. Details of other industrial/commercial stands leased or owned in Zimbabwe _____

4. Amount of capital available for development _____
5. Other information _____

Part D Referee (to be completed by all applicants)

1. Name of Referee _____
2. Address _____
3. Contact Telephone number _____
4. Relationship _____

Part E Declaration (to be completed by all applicants)

- This application is required to be renewed annually in the month of January. Failure to do so will result in the removal of the applicant from the waiting list.
- Any false declaration made in this form will result in the applicant being disqualified from being placed on the waiting list.

I do solemnly declare that the information contained in this form is a true reflection of the fact.

Signature of Applicant:

Date

Attachment:-

- ID Cards for both
- Proof of current occupation/ employment
- Pay slip/bank statement
- Letter from Councillors
- Ledgers card/receipts

Part F (for official use only)

Application No _____

Priority Number _____

For : local authority

Date

Supporting documents