



# MUNICIPALITY OF SWAKOPMUND



Enquiries: Manager: Traffic Services

P O Box 53, Swakopmund  
Tell: (064) - 4104650  
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E-Mail: [traffic@swkmun.com.na](mailto:traffic@swkmun.com.na)

## CERTIFICATE OF IDEMNITY

I/We \_\_\_\_\_

In my/our capacity/capacities as \_\_\_\_\_

of \_\_\_\_\_

Hereby unconditionally indemnify the **COUNCIL OF THE MUNICIPALITY OF SWAKOPMUND** against all and any claims in respect of damage to property and/or bodily injury to/loss of life of people that may arise from the utilisation of streets, roads and/or any other land within the municipal area of Swakopmund by participants and/or authorised officials of \_\_\_\_\_

on occasion of \_\_\_\_\_

to be held on (date) \_\_\_\_\_

THUS signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

**As Witnesses**

1. \_\_\_\_\_

2. \_\_\_\_\_

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**TRAFFIC DEPT. : 24 HOUR STANDBY CELLPHONE NUMBERS**

**0811224677 or 0811224679**

*Please inform us in advance with any changes on the above-mentioned application.*

**ARRANGEMENTS**

**“A” ENGINEERING SERVICES**

**USE OF CLOSURE OF PORTION OF STREET / PAVEMENT / PARKING AREA FOR**

<input type="checkbox"/>	<b>Funeral</b>	:	Date _____	Time _____
<input type="checkbox"/>	<b>Sport Events</b>	:	Date _____	Time _____
<input type="checkbox"/>	<b>Wedding</b>	:	Date _____	Time _____

***TO BE SUPPLIED BY THE APPLICANT***

**Tent:**  *No*  *Yes* : **Drums:**  *No*  *Yes* : **Barrier Tape:**  *No*  *Yes*

**STREET ADDRESS** : \_\_\_\_\_

**TIME** : \_\_\_\_\_

**“B” TRAFFIC SECTION: ESCORT DUTIES**

**From** : \_\_\_\_\_

**To** : \_\_\_\_\_

**Date** : \_\_\_\_\_ **Time:** \_\_\_\_\_

**From** : \_\_\_\_\_

**To** : \_\_\_\_\_

**Date** : \_\_\_\_\_ **Time:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Senior Officer**

**Date Stamp**

**“C” APPLICANT DETAILS**

**Contact Person Name/Surname:** \_\_\_\_\_

**Telephone/Cell Number** : \_\_\_\_\_

**Remarks** : \_\_\_\_\_