MUNICIPALITY SWAKOPMUND

☎ (064) 4104400
FAX: (064) 4104125

✉ 53 SWAKOPMUND
Namibia

Consent from adjoining owner/neighbours for Business Registration and/or Consent Use

I …… the owner of Erf ……...

Street Address:
Postal Address:
Tel. No.:
E-mail Address:

Am aware that an application for a ……..

……

on Erf …… By Messrs …… has been applied for, at the Municipality of Swakopmund and have the following to respond:

☐ No objection ……
Signature of Owner

☐ Objection ……
Signature of Owner

(Please mark which ever is applicable in the block)

against the proposed consent use:
(If you have an objection please stipulate your reasons/remarks below)

REMARKS/REASONS

…… …… ……

SIGNATURE FULL NAME DATE

Contact Details: Tel. No / Cell Phone: ……

Please attach certified copy of Identity (signature) of the neighbour (owner of the erf).

VRB/2009