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**MOPANI DISTRICT MUNIUCIPALITY**

**PRIVATE BAG X9787 TEL.(015 ) 811 6300**

**GIYANI FAX. (015) 812 4301**

**0826**

**ENVIRONMENTAL HEALTH SERVICES PAYMENT FORM**

**2024/2025 SERVICES & TARRIFS**

|  |  |  |  |
| --- | --- | --- | --- |
| Tick | Item No. | Description of Services | amount |
|  | 1 | Certificate of Acceptability[COA] [Food Cateres] | R240.00 |
|  | 2 | Certificate of Acceptability [General Dealers, café ,KFC etc] | R320.00 |
|  | 3 | Certificate of Acceptability [Big Outlets e.g shoprite, spar, food manufacturing factories etc] | R850.00 |
|  | 4 | Certificate of Fitness [COF] | R360.00 |
|  | 5 | Certificate of Competency[COC]funeral undertakers and other relate activities | R580.00 |
|  | 6 | Health Certificates | R460.00 |
|  | 7 | Site Inspection for initiation School | R610.00 |
|  | 8 | Building Plans [Residential] | R610.00 |
|  | 9 | Building Plans [Business] | R670.00 |
|  | 10 | Exhumation/paupers burials of human remains | R750.00 |

**SERVICE REQUIRED**

Payable amount R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(In words)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the client\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Locality/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BANKING DETAILS**

Account Name : Mopani District Municipality

Bank : FNB

Account Number : 62854372093

Branch Code : 260649

Reference : MDM-EHS

GENERAL : proof of payment must be submitted before a service is rendered

**MATHEVULA S.P**

**CHIEF FINANCIAL OFFICER**