



VICTOR KHANYE

LOCAL MUNICIPALITY – PLAASLIKE MUNISIPALITEIT - MASIPALA

✉ 6 DELMAS 2210
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OFFICE OF THE MM

SPATIAL PLANNING & LAND USE MANAGEMENT

APPLICATION FORM FOR ISSUING A TRANSFER CERTIFICATE IN TERMS OF SECTION 86 OF THE SPATIAL PLANNING AND LAND USE MANAGEMENT BY-LAWS 2015

GENERAL INFORMATION

1. Lodge your application on this prescribed form.
2. Pay the prescribed application fee at the Municipal Offices, Van Der Walt Street, Delmas **OR** make an electronic payment, to the banking details as stated below.
3. Proof of electronic payment must be attached to the application form.
4. Ensure that all attached documents are in a readable condition. Certificates can only be issued if all documents are in order.
5. The applicant must allow **TEN (10)** working days, following the submission, for a certificate.
6. The banking details of the Municipality is as follows:

Acc Name: VICTOR KHANYE LOCAL MUNICIPALITY
Bank: STANDARD BANK - DELMAS
Branch Code: 002644
Acc Number: 420526994
Reference: PROP DESCRIPTION & 021201000749

7. AMOUNT PAYABLE : **R660.00**

(PLEASE TYPE INFORMATION)

APPLICATION DATE	
ATTORNEY'S DETAILS	
COMPANY NAME	
PO BOX	
TELEPHONE NUMBER	
EMAIL ADDRESS	
CONTACT PERSON	

PROPERTY DETAILS	
PORTION / REMAINDER	
FARM NAME AND REGISTRATION NO	
ERF NO	
TOWNSHIP NAME AND EXTENSION	
PROPERTY SIZE	
EXISTING LAND USE ZONING	
SG DIAGRAM OR GENERAL PLAN NO	
SECTIONAL SCHEME NAME	
SECTIONAL SCHEME NO AND UNIT NO	
TITLE DEED NO	

PRESENT OWNER/S	
NAME AND SURNAME <i>(IF PROPERTY IS CO-OWNED, ALL OWNERS SHOULD BE LISTED)</i>	
COMPANY NAME <i>(IF APPLICABLE)</i>	
ID NO OR REGISTRATION NUMBER	
TEL / CELL	
EMAIL ADDRESS	
POSTAL ADDRESS	

NEW OWNER/S	
NAME AND SURNAME <i>(IF PROPERTY IS CO-OWNED, ALL OWNERS SHOULD BE LISTED)</i>	
COMPANY NAME <i>(IF APPLICABLE)</i>	
ID NO OR REGISTRATION NUMBER	
TEL / CELL	
EMAIL ADDRESS	
POSTAL ADDRESS	

COMPULSARY DOCUMENTS REQUIRED
EXISTING REGISTERED PROPERTY
AFFIDAVIT BY PRESENT OWNER/S

OCCUPANCY CERTIFICATE -	CONTACT MRS NZIYANE – (013) 665 6000 / 071 266 1770	VACANT LAND	DEVELOPED LAND
DOCUMENTS REQUIRED			
FIRST TIME REGISTRATION OF NEW TOWNSHIP / CONSOLIDATIONS / SUBDIVISIONS (TICK WITH ✓)			
COPY OF APPROVAL LETTER			
APPROVED CONDITIONS OF ESTABLISHMENT (FIRST TIME REG)			
COPY OF SG DIAGRAM OF CONSOLIDATION / SUBDIVISION			

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<u>FOR OFFICE USE ONLY</u>		
REQUIRED DOCUMENT S ATTACHED	YES	NO
DATE RECEIVED		
PROOF OF PAYMENT ATTACHED	YES	NO
DATE CERTIFICATE ISSUED		
RECEIVED BY		
MSCOA VOTE NUMBER	021201000749 (TOWN PLANNING)	