



CITY OF
uMHLATHUZE
VISION INTO ACTION

POWER OF ATTORNEY

I, (FULL NAME) : _____

ID No. : _____

Physical Address : _____

Postal Address : _____

Telephone : (W) _____ (H) _____

Cell: _____ E-Mail Address: _____

registered property owner of Erf _____,

hereby authorize _____,

ID NO. (not applicable if company) : _____

to act as my **agent** and to apply for all necessary approvals, as required by uMhlathuze Municipality, on my behalf.

Yours faithfully,

SIGNATURE:

DATE:

WITNESS 1

WITNESS 2:

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