

## SCHEDULE 2



POLOKWANE MUNICIPALITY

PO Box 111  
Polokwane, 0700

Corner Landros Mare and Bodenstein  
Polokwane

Tel: 015 290 2000

[www.polokwane.gov.za](http://www.polokwane.gov.za)

### POLOKWANE LOCAL GEOGRAPHICAL NAMES APPLICATION FORM

#### APPLICATION FOR NAMING/ RENAMING OF GEOGRAPHICAL FEATURES IN TERMS OF THE POLOKWANE GOEGRAPHICAL NAMES POLICY,2019 APPLICATION FORM

*Submit two (2) copies of the complete application and annexure.*

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#### Contents

#### PARTS OF THIS APPLICATION TO BE COMPLETED & SUBMITTED BY APPLICANT

PART A	Application
PARTB	Application detail
PARTC	Declaration

**APPLICATION FOR NAMING AND/OR RENAMING PUBLIC  
PLACES AND STREETS**

**PART A: APPLICATION DETAILS**

Please indicate the type of applicant :			
Individual	<input type="checkbox"/>	Legal Entity / Other	<input type="checkbox"/>
<b>Applicant Details: Individual</b>			
Title			
Initial			
First Name(s)			
Surname			
Preferred Name			
ID Number			
Marital status if the owner is the applicant	Single/not married <input type="checkbox"/>	In community of property <input type="checkbox"/>	
	Out of community of property <input type="checkbox"/>		
<b>Applicant Details: Legal Entity / Other</b>			
Name			
Registration number			
Representative name			
<b>Physical Address of the Applicant</b>			
<b>Physical Address (Work)</b>			
Address Line 1 (street no)			
Address Line 2 (street name)			
Township/Village/Area		Postal Code	
<b>Physical Address (Home)</b>			
Address Line 1 (street no)			
Address Line 2 (street name)			
Township/Village/Area		Postal Code	
<b>Postal Address of the Applicant</b>			
Postal Type	PO Box <input type="checkbox"/>	Physical Address (Home) <input type="checkbox"/>	
	Private Bag <input type="checkbox"/>	Physical Address ( Work) <input type="checkbox"/>	
Postal Number			

Township		Postal Code	
<b>Communication Details of the Applicant</b>			
E-Mail Address			
Cell Phone			
Home Phone			
Work Phone			
Home fax			
Work fax			
Preferred method of communication – please indicate			

**PART B: APPLICATION**

1. For which feature is the proposed names intended?

- Township zone    
 Township    
 Public Street    
 Municipal property

Property description : .....

.....

2. Proposed names:

**First choice:** .....

**Second choice:** .....

**Third choice:** .....

3. Give the **meaning** and the **language** from which the names has been derived.

	First choice	Second choice	Third choice
<b>Meaning :</b>			

<b>Language :</b>			
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4. Give the origin of the name (e.g Polokwane means “place of safety) as well as the source of the name.

<b>First choice</b>	<b>Second choice</b>	<b>Third choice</b>

**FOR RENAMING APPLICATION.** Complete 5 & 6

5. Is the proposed name of **long standing** (50 years or more), **relatively new** (10 to 50 years), or **new** (5years or less)?

<b>First choice</b>	<b>Second choice</b>	<b>Third choice</b>

6. In the case of a proposed change of name, give the current name and reasons for the change.

Current name: .....

Reasons for the change: .....

.....

.....

.....

.....

.....  
.....  
.....

**PART C: DECLARATION**

I, ..... being the applicant described herein, declare that the above information is correct.

I hereby acknowledge that, should all the required documentation not be submitted in compliance with the requirements of the Municipality, the Municipality may elect not to consider the application. Should the application found to be incomplete, the application will be returned to the applicant without further consideration or refunding of the application fees.

I hereby acknowledge that the Municipality has the right to request additional information or documentation should it be deemed necessary to place the Municipality in a position to take an informed decision on the matter.

I acknowledge that the provision of false or misleading information is an offence.

I acknowledge that the Municipality may contact the applicant at any time regarding the application.

SIGNATURE ..... DATE: .....

Any objections to or representations in respect of the application shall be lodged in writing simultaneously with the applicant and with the Municipal Manager, Polokwane Municipality at the above address or at PO Box 111, Pietersburg, 0700, within a period of 28 days from \_\_\_\_\_ (date).

Should no comments and/or objections be received as set out above, the municipality will assume that you are in support of the application and may approve the proposed land use rights.

Example of notices (in English) to be published in newspaper and posted on the subject property.

**POLOKWANE LOCAL GEOGRAPHICAL NAMES POLICY,2019.**

**APPLICATION FOR NAMING AND/OR REMANING OF**

\_\_\_\_\_  
*(Geographical feature)*

Notice is hereby given in terms of provisions of Polokwane Local Geographical Names Policy,2019, that I/we, the undersigned,

\_\_\_\_\_  
*(Full names of owner/s and/or authorized agent)*

intend applying to the Polokwane Municipality to name or/rename \_\_\_\_\_  
(geographical feature)

\_\_\_\_\_  
To/from

\_\_\_\_\_  
*(To? If the application is to propose renaming )*

on \_\_\_\_\_ *(located in)*  
*(Property description, e.g. Erf 1001 Bendor Extension 9)*

\_\_\_\_\_  
*(Street address, e.g. 101 Outspan Drive, Polokwane)*

Particulars of the application will lie for inspection during normal office hours at the applicant at the address mentioned herein, and at the cultural services offices, Irish house museum, Polokwane, for the period of 28 days from

\_\_\_\_\_ *(date).*

Any objections to or representations in respect of the application shall be lodged in writing simultaneously with the applicant and with the Municipal Manager, Polokwane Municipality at the above address or at PO Box 111, Pietersburg, 0700, within a period of 28 days from

Contact detail of applicant/agent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

Reference: Naming and /or renaming of:

\_\_\_\_\_

*(Property description)*

I/we, the undersigned \_\_\_\_\_, hereby declare that I/we have posted and maintained the notice for a period of at least 14 days, on the following land/building:

\_\_\_\_\_

*(Property description)*

Signed in \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

(Signed) **APPLICANT**

I certify that the above mentioned affidavit was declared to me and that the declarant confessed that he/she is familiar with the contents of this sworn affidavit and understands it. The affidavit was confirmed by oath in my presence and the declarant's signature was administered in my presence.

Sworn and signed in my presence at \_\_\_\_\_ on this \_\_\_\_\_ day \_\_\_\_\_

of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

(Signed) **COMMISSIONER OF OATHS**