



## CITY OF CAPE TOWN COMMUNITY ORGANISATION REGISTRATION FORM

FOR OFFICIAL USE			
DATE RECEIVED			
SUB COUNCIL NAME		SUBCOUNCIL NO	
		WARD	

ORGANISATION NAME					
OBJECTIVES/MISSION					
SECTOR (this field to be completed by the subcouncil official)			For ratepayer and civic associations please see page 2 of this form		
STREET ADDRESS					
	POSTAL CODE				
POSTAL ADDRESS					
	POSTAL CODE				
DATE OF LATEST ANNUAL GENERAL MEETING			Please provide proof e.g. notice, minutes, etc.		
ORGANISATION CONTACT DETAILS	TEL. NO.		FAX.		
	EMAIL				
MEMBERSHIP TOTAL			Attendance register of AGM may be attached. These records will not be used for any other purpose than to verify community support		
MAIN CONTACT PERSON	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL. NO.		EMAIL		
ALTERNATE CONTACT PERSON (1)	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL NO.		EMAIL		

ALTERNATE CONTACT PERSON (2)	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL NO.		EMAIL		
ALTERNATE CONTACT PERSON (3)	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL NO.		EMAIL		
ALTERNATE CONTACT PERSON (4)	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL NO.		EMAIL		
PLANNING DELEGATE	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL NO.		EMAIL		
HERITAGE DELEGATE	FULL NAME			POSITION	
	TEL. NO.		FAX.		
	CELL NO.		EMAIL		

For **ratepayer and civic associations** please visit the nearest City of Cape Town Planning-district office to obtain an official map of your boundaries of operation. Once this map meets all the requirements; it **MUST** be submitted to the respective subcouncil office, together with all other required documentation.

**NB:** the onus is on the organisation submitting this form to regularly advise the respective subcouncil office of any change to the detail contained in this form

### Protection of Personal Information Act (POPIA)

*In compliance with the POPIA (Protection of Personal Information Act) which came into effect on 1 July 2021, all information shared within and through the Community Organisation Database is confidential and will only be used in an official capacity.*

I \_\_\_\_\_ in my capacity of \_\_\_\_\_ for the above mentioned organisation hereby confirm that all the information supplied is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date