



GREATER GIYANI MUNICIPALITY

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Giyani
0826

OFFICE OF THE MUNICIPAL MANAGER

REF: 6/1/2/2/4

CEMETERY MEMORIAL WORK PERMIT

FOR OFFICE USE

PERMIT NO:
RECEIVED BY:
SIGNATURE:
DATE:

Applicant (Surname & Names)

Contact Number & Email

Contact:

Email:

Physical Address

Memorial Work (Tombstone) Description

Construction Date

Time

SIGNATURE

DATE

FOR OFFICE USE

COMMENTS: _____

MUNICIPAL MANAGER

DATE

***Enquiries should be directed to ChabalalaHF@greatergiyani.gov.za
OR at office no. 58 at the Municipal Building**