



GREATER GIYANI MUNICIPALITY

Tel: 015 811 5529
Fax: 015 812 2068

P/Bag X 9559
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

Physical Address

Contact:

Email:

Memorial Work (Tombstone) Description – including sizes

Installation Date

Time (Adhering to Trading Hours)

**N.B: KINDLY ATTACH THE TOMBSTONE PLAN/ PIC WITH SIZES
AND THE INVOICE**

APPLICANT 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**