

APPENDIX 1

REQUEST FOR A SPECIFIC FEE REFERENCE NUMBER

A: Applicant's details:

Name: Sybrand van der Spuy ID Number: _____
 Residential Address: _____
 Postal Address: PO Box 100; Noordhoek; 7985
 Telephone no.: 021 785 7600 Cellular no.: 083 675 3778
 Facsimile no.: 021 785 7662 Email address: sybrand@icon.co.za

Note: Please duplicate where there is more than one applicant:

B: Provide a brief description of the proposed project:

Amendment to the proposed Chapman's Peak Estate Residential Development Ptn. 5 of Farm No. 1387, Noordhoek

C: Indicate the process to which the application must be subjected:

The applicable listed activities to be applied for are (list the respective activity numbers):

Basic Assessment:	Activity Number	Scoping & EIR:	Activity Number	NEM: Waste Act:	Activity Number
Listing Notice 1		Listing Notice 2		Category A	
Listing Notice 3				Category B	

The process to which the proposed application is to be subjected is (tick the relevant box):

Basic Assessment:	<input type="checkbox"/>	Scoping and EIR:	<input type="checkbox"/>	Non-substantive Amendment	<input type="checkbox"/>	Substantive Amendment	<input checked="" type="checkbox"/>
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D: Application Fee:

Indicate the fee to be paid:

Application Fee	R2000
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Note: The Department will confirm the amount to be paid. Where permission has been granted for a combined application to be submitted as contemplated in Regulation 11, the fee payable in terms of the application in question must be confirm with the Department prior to submission of the application.

E: Departmental region within which the application will be administered (tick the relevant box):

CAPE TOWN OFFICE: REGION 1 (City of Cape Town & West Coast District) Fax: (021) 483 4372	<input checked="" type="checkbox"/>	CAPE TOWN OFFICE: REGION 2 (Cape Winelands District & Overberg District) Fax : 021) 483 3633	<input type="checkbox"/>	GEORGE OFFICE: REGION 3 (Central Karoo District & Eden District) Fax: (044) 874 2423	<input type="checkbox"/>
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I, Sybrand van der Spuy (applicant's full name), herewith request the Department to provide me with a specific fee reference number in order that I may make payment of the application fee. I am fully aware of my responsibility to ensure that the correct fee is paid and that proof of such payment must be attached to my application form. I further confirm that the information I have provided herein is true and correct.

Sybrand van der Spuy
 Applicant's signature

16/11/17
 Date

(For official use only)						
Captured by:	<u>B. Steyn</u>	Date received:	<u>16/11/17</u>	Date captured:	<u>16/11/2017</u>	
EIA Process (tick):	Basic Assessment (R2 000)	Scoping and EIR (R10 000)	Joint EIA/WML (R2 000)	Category A (R10 000)	Category B (R2 000)	Amendment (R2 000)
Amount to be paid:	<u>R2000-00</u>	Specific fee reference number:	<u>0-Amend-EIA-D26</u>			
Process and amount approved by Control EO:	<u>Van Besem, C.M.</u>		<u>[Signature]</u>			
	Name		Signature			

THIS FORM MUST BE FAXED TO THE RELEVANT REGION REFLECTED IN THE DEPARTMENTAL DETAILS ABOVE
 THE APPLICATION FEE MUST BE MADE INTO THE DEPARTMENTAL BANKING ACCOUNT USING THE SPECIFIC FEE REFERENCE NUMBER.



Payment receipt

Beneficiary name

DEA&DP

Bank

NEDBANK

Branch

NEDBANK SOUTH AFRICA (19876500)

Account number

1452045003

Your reference

DEA&DP CPE

Beneficiary reference

O-Amend-EIA-D26

Payment date

30 January 2018

Amount

R 2 000.00

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