



HWEDZA RURAL DISTRICT COUNCIL

APPLICATION TO JOIN THE WAITING LIST



Section A: Particulars of Applicant (To be completed by all applicants)

Surname:	First Name(s):	ID:
Date of Birth:	Tel. No. Home:	Mobile:
Marital Status	Email Address:	
Occupation:		Monthly Income:
Residential Address:		
Business / Postal Address:		
No. of dependants:	No. of years in the Council area:	

Section B: Particulars of spouse

Surname:	First Name(s):	ID:
Date of Birth:	Tel. No. Home:	Mobile:
Occupation:	Monthly Income:	

Section C: To be completed by applicants wanting residential stands

Type of stand wanted (low, medium, high) :	
Nature of intended development:	Location:
Details of other residential stands owned in Zimbabwe:	
Amount of capital available for development:	
Other information	

Section D: To be completed by applicants wanting business stands (Industrial, commercial, institutional)

Type of stand wanted ((Industrial, commercial, institution)	
Nature of intended development :	Location
Details of other business stands owned in Zimbabwe:	
Amount of capital available for development :	
Other information :	

Section E: (to be completed by all applicants)

Full Name of Referee	ID No.
Date of Birth:	Tel. No. Home:
Email address:	Relationship :
Contact Address:	

Section F: Declaration: to be completed by all applicants)

This application is require to be renewed annually on the first of January. Failure to do so will result in the removal of the applicant from the waiting list.

Any false declaration made in this form will result in the applicant being disqualified from being placed on the waiting list.

I do solemnly declare that the information contained in this form is a true reflection of facts.

Name: Signature: Date: / /

Attachments – (documents required):

- a) Copy of identification (*for all persons*)
- b) Copy of Marriage Certificate
- c) Proof of employment
- d) Proof of ability to develop (Payslip or bank statement)
- e) Letter from Councillor
- f) Lodger's card or receipts

Section G: Approval:

Please double check the information above, as we cannot be held responsible for delays due to incorrect information being supplied.

Please Note

- Completing this form will override any existing arrangements and details.
- Subsequent changes should be communicated timely.

Name: Signature: Date: / /

Section G: Official Use Only:

Application Form No:

Priority No.:

Comments:

Authorisation:

Processed By: Name: Signature: Date: / /

Authorised By: Name: Signature: Date: / /