



Matsapha Town Board
Corner Police College Rd & Airport Rd
Matsapha
P. O. Box 1790, Matsapha
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APPLICATION FOR A VENDING IDENTITY CARD OR PERMIT

FULL NAME(S) OF APPLICANT: _____

GENDER: _____ NATIONALITY : _____

NATIONAL ID NO (attach certified copy of national ID passport sized photo): _____

POSTAL ADDRESS: _____

CONTACT DETAILS: TELEPHONE: _____ CELL: _____

RESIDENTIAL ADDRESS: _____

VENDING ACTIVITY & GOODS TRADED: _____

TRADING LOCATION: _____

DATE APPLICATION FILED: ____/____/____

FULL APPLICANT'S NAME (Of person filling this Form): SIGNATURE:

APPLICATION RECEIVED BY: _____ SIGNATURE: _____

FOR OFFICE USE ONLY

RECOMMENDATION:	APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
IF NOT APPROVED, REASON FOR DISAPPROVAL: _____		
SIGNATURE: _____ DESIGNATION: _____		
DATE: _____ STAMP: _____		
APPLICATION PROCESSING FEE (Refer To Service Charges Bye-Laws)		
DURATION PAID FOR(specify exact dates): _____		
AMOUNT:	<input type="text" value="E"/>	RECEIPT No.: _____
DATE: ____/____/____	Signature of Accounts Officer: _____	OFFICIAL STAMP: _____

NB: An allowance of two (2) weeks should be given for processing Vending Identity Cards or permit applications