

**CERTIFICATE FOR MUNICIPAL SERVICES AND PAYMENTS**

TO: MUNICIPAL MANAGER, BLOUBERG MUNICIPALITY

FROM: \_\_\_\_\_ (Name of Bidder)

FURTHER DETAILS OF BIDDER(S); DIRECTOS/SHAREHOLDERS/PARTNERS, ETC.

Directors/shareholders/ Partner	Physical address of the Business	Municipal Account No.	Physical residential address Of the Director/ Shareholder/Partner	Municipal Account No.

**NB. Please attach certified copy (ies) of ID document(s)**

_____	_____
<b>Signatory</b>	<b>Date</b>
<b>Witnesses</b>	
1. _____	_____
<b>Full Names</b>	<b>Signature</b>
	<b>Date</b>
2. _____	_____
<b>Full Names</b>	<b>Signature</b>
	<b>Date</b>