

**BEITBRIDGE RURAL DISTRICT COUNCIL.
APPLICATION TO JOIN WAITING LIST**

Part A- Personal Particulars (to be completed by all applicants)

1. Name and ID No of Applicant_____
2. Name and ID No of Spouse_____
3. Postal Address_____
4. Current residential address_____
5. Date of Birth of Applicant_____Spouse_____
6. Monthly Income Applicant_____Spouse_____
7. Marital Status_____
8. Marriage Certificate No and date of issue_____
9. Occupation of Applicant _____
10. Business address_____
11. Phone No. _____
12. No. of dependants_____
13. Number of years resident in the Council area_____

Part B (to be completed by applicants wanting residential stands)

1. Type of stand wanted_____
2. Nature of intended developments_____
3. Details of other residential stands leased or owned in Zimbabwe_____
4. Amount of capital available for development_____
5. Other information_____

Part C (to be completed by applicants wanting industrial or commercial stands)

1. Type of stand wanted_____
2. Nature of intended development_____
3. Details of other industrial/ commercial leased or owned in Zimbabwe

4. Amount of capital available for development_____
5. Other information_____

Part D Referee [to be completed by all applicants]

1. Name of Referee_____
2. Address_____
3. Contact Telephone Number_____
4. Relationship_____

Part E Declaration [to completed by all applicant]

This application is required to be renewed annually in the month of **January every year.**

Failure to do so will result in the removal of the applicant from the waiting list.

Any false declaration made in the form will result in the applicant being disqualified from being placed on the waiting list. I do solemnly declare that the information contained in the form is a true reflection of the facts.

Signature of Applicant.

Attachments:-

- _ ID Cards for both
- _ Proof of current of occupation / employment
- _ pay slip / bank statement
- _ letter from Councillors
- _ lodgers card / receipts

Part F (for official use only)

Application No_____

Priority Number_____

For : Local Authourity_____Date_____

A duplicate copy of this form is returned to the applicant for their record.