

OTJIWARONGO MUNICIPALITY



**APPLICATION FOR CERTIFICATE OF FITNESS/
REGISTRATION**

New Application

Annual Renewal

Change of Name

Moving to New Premises

Trade name: _____

Full name of owner/s: _____

Postal Address: _____

Street Address: _____

Erf/Plot No.: _____

Telephone: _____

E-mail Address: _____

Type of business activity/activities _____

Date: _____

Signature: _____

**Please note: an inspection fee must be paid at
the Town Treasurer before a certificate can
be issued**

N\$ 245.00 Low

N\$ 660.00 Medium

N\$1 600.00 High

Late charges on re-registration per month is 50% of Tariff after due date: 31st March each year

OTJIWARONGO MUNICIPALITY. PRIVATE BAG 2209 OTJIWARONGO . TEL:+ (264 67) 302231 . FAX- +264 67 302098

E-mail: enquiries@Otjimun.org.na

website: www.otjiwarongomun.org

FOR OFFICE USE ONLY

Zoning: _____

Class of business: _____

Confirm changes in Business: _____

Expiry Date: _____

Late Registration: _____

Date of Inspection: _____

Conditions on hold: _____

Conditions for approval: _____

Recommendation (Approved/Not Approved): _____

FOR OFFICE USE ONLY/ FRONT OFFICE

Receipt Number: _____

Date of Issue: _____