



UMSOBOMVU MUNICIPALITY GEOGRAPHICAL NAMES COMMITTEE
APPLICATION FOR PROPOSED NEW GEOGRAPHICAL NAME AND / OR
CHANGE OF EXISTING NAME

FOR OFFICE USE ONLY:

Name approved by Council: _____ Date: _____
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NB : Use one form for each proposed feature to be named.

	First Choice	
Proposed name	Second Choice	
(1) Give the meaning and the language from which the name has been derived (2) Give the origin of the name if you know it.		
For which feature is the proposed name intended? (e.g. a post office, building , town, township, suburb, dam, library, site etc.)		
Is the name within the Umsobomvu magisterial district		
Is the name within the Northern Cape Province		

Indicate the geographical co-ordinates in latitudes and longitudes. Include an A3 size map.	Lat.: Long.:
Is the proposed name of long standing (50 years or more) , relatively new (10-50 years), or new (5 years or less)	
Describe the heritage / cultural significance of the proposed name	
In case of a proposed name change of an existing name , give former name and reasons for the change	
<p>Particulars of applicant:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Tel: _____</p> <p>Email: _____</p> <p>Status of applicant: _____</p> <p><i>(Official authority or individual or other applicant. e.g. tribal authority, heritage authority, Local Council authority, private company, interest group or other)</i></p> <p>Signature: _____ Date: _____</p> <p><i>Date:</i> _____</p> <p>Official stamp:</p>	

Particulars of person / stakeholder who acted as informant, who provided information regarding the name

Name: _____

Address: _____

Tel: _____ Email: _____

Particulars of family member where names are proposed as legacy

Name: _____

Address: _____

Tel: _____ Email: _____

Please send the form to:

Postal Address:

Department of Corporate Services
Umsobomvu Municipal Geographical Names Committee
Umsobomvu Municipality
Private Bag X 6
COLESBERG
9795

Address for Hand Deliveries:

Umsobomvu Municipality
21 A Church Street
COLESBERG
9795

Tel: (051) 7530 777

Fax: (051) 7530 574

birtus@umsobomvumun.co.za

Outcome of application

Approved:

Signature: _____

Not Approved:

Signature: _____