



PLAN VALIDITY EXTENSION

Fees Valid : 1/07/2023-30/06/2024

FOR OFFICE USE ONLY

| | | | |
|------------------------------------|----------------|-------------|--|
| FEE (VOTE #.20210629095219) | R338.00 | DATE | |
|------------------------------------|----------------|-------------|--|

REQUIRED PLANS:

**Two sets of approved plans
Motivational letter**

APPLICANT:

| | | | |
|---------------------------|---------------------|------------|------------|
| ERF NUMBER: | PLAN NUMBER: | | |
| NAME & SURNAME | | | |
| ADDRESS | | | |
| | | | |
| | | | |
| TEL NO | (H) | (W) | (C) |
| EMAIL | | | |

SIGNATURE OF APPLICANT

DATE: