

FORM MDB 5

WARD DELIMITATION

OBJECTION IN REMS OF ITEM 5(2) OF SCHEDULE 1 TO THE LOCAL GOVERNMENT:

MUNICIPAL STRUCTURES ACT, ACT 117 OF 1998

NAME OF THE MUNICIPALITY: _____

MUNICIPAL CODE: _____

NAME OF THE AGGRIEVED PERSON/INSTITUTION:

CONTACT PERSON IN CASE OF INSTITUTION:

ADDRESS: _____

CONTACT NUMBER: _____

CELL NUMBER: _____

EMAIL ADDRESS: _____

PLEASE USE ADDITIONAL PAGES SHOULD THE AVAILABLE BELOW SPACE

NOT BE SUFFICIENT:

(Please send this form to the MDB by email (registry@demarcation.org.za), as soon as possible but not later than 14 days after the Provincial Gazette publication date (including weekend days).

I REQUEST THE MUNICIPAL DEMARCATION BOARD TO CONSIDER THE FOLLOWING ALTERNATIVE:

| Ward number | The ward should comprise of the following voting districts (provide the voting district numbers, and the number of voters in brackets e.g. $VD1(1500)+VD3(2500)=4000$) | Motivation |
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I confirm that:

the boundaries of the proposed wards have been mapped on the attached map;

each cluster of voting districts form a contiguous ward;

the number of voters in each ward fall within the minimum and maximum of the norm;

the proposed ward boundaries comply, in general, with the criteria.

NAME AND SURNAME:

SIGNATURE:

DATE:.....