



## KWAZULU-NATAL PROVINCE

PUBLIC WORKS & INFRASTRUCTURE  
REPUBLIC OF SOUTH AFRICA

### IMMOVABLE ASSET MANAGEMENT : DISPOSALS

DISPOSAL OR LETTING APPLICATION FOR PROVINCIAL STATE-OWNED IMMOVABLE ASSETS (LAND OR BUILDINGS)										
APPLICATION DETAILS (COMPANY/ ORGANISATION ONLY)										
Company Name/Organization										
Company Registration No.: or NPO Registration No.				Attached Company/ Organization documents: Yes or No						
Contact Person Name:				Contact Person Surname:						
Do you have the legal capacity to act on behalf of Company? Yes or No	Attached Signed Board Resolution (if applicable): Yes or No									
Office Tel No.				Cell No.						
Physical Address:										
Postal Address if not the same as physical:										
Email:										
Company Type: (Tick box)	Sole Trader	<input type="checkbox"/>	NPO	<input type="checkbox"/>	Company	<input type="checkbox"/>	Individual	<input type="checkbox"/>	Other	<input type="checkbox"/>
Ownership by Designated Groups (Tick applicable box/es)										
<b>Ownership by Black People</b>										
Documentary Proof Required: 1) Certified copy of Identity Document/s										
<b>Ownership by People who are Youth</b>										
Documentary Proof Required: 1) Certified copy of Identity Document/s										
<b>Ownership by People living with Disabilities.</b>										
Documentary Proof Required: 1) Original or Certified copy of an original medical certificate from a registered medical practitioner										

2) Certified copy of Identity document/s"			
<b>Ownership by People who are Women.</b>  Documentary Proof Required: Certified Copy of Identity Document/s"			
<b>APPLICANT DETAILS (as an individual)</b>			
First Name:		Surname:	
ID Number: (Attach certified ID Copy)		Marital Status	
Cell Number:		Work Number	
Email:			
Physical Address: (Attach proof of address)			
Postal Address if not the same as physical:			

<b>APPLICATION DETAILS OF A PROPERTY</b>			
Property Description (Erf Number):			
Physical Address			
Date of Application:			
Any additional Information:			
Entire property required:	<b>YES</b>		<b>NO</b>
<b>DETAILS OF PURPOSE OF APPLICATION</b> (Applicant may also attach Annexure for	Proposed use of property		
	Size of Land/ Building		
	Detailed Description of Purpose OR Motivation		



<b>CHECK LIST OF ANNEXURES ATTACHED (where applicable)</b>	<b>Tick applicable box</b>
1. NPO Certificate	
2. Company Profile	
3. Certified copies of Identity Document/s	
4. Signed Board Resolution (if applicable):	
5. Original or Certified copy of an original medical certificate from a registered medical practitioner (if applicable for proof of disability)	

I \_\_\_\_\_ the duly authorized individual confirm that the above information disclosed on this application form is valid, accurate and complete. All the relevant documents as requested has been attached to this application form:

Signed \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ 2025.



## OFFICIAL USE

(To be completed by Departmental Project Leader)

### PROPERTY DETAILS

Full Property Description:	
Physical Address:	
Municipal District:	
Title Deed No.:	
SG Number (if available)	
Extent in Hectares:	
Facility Type Description (e.g. vacant land/improvement, vacant school, house etc. attach photos if available):	
Indicate whether property was offered to all Provincial Departments: Yes or No	
If not offered indicate reason	
Feedback from other State Department/Interested parties (e.g. Municipality, National Public Works or other)	
Registered Land Claims: Yes or No	
Municipal Valuation:	
Market Valuation: (attach valuation report)	
Property Rates per annum:	
Financial Implications: (Indicate maintenance, security or any other costs)	
Indicate user Department and indicate if property has been released by user Department:	
<b>ANNEXURES ATTACHED: YES OR NO</b>	
Windeed Report	
PREMIS Printout	
Valuation Report	
Aerial View map/ Diagram of site	

Title Deed (Copy)	
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<b>COMMENTS FROM DISPOSAL SECTION:</b>

<b>COMMENTS FROM CHIEF DIRECTOR: IMMOVABLE ASSET MANAGEMENT (IF ANY)</b>

<b>DISPOSAL OF IMMOVABLE ASSETS COMMITTEE RECOMMENDATION</b>

DISPOSAL OF IMMOVABLE ASSETS COMMITTEE  
CHAIRPERSON:

DATE