



Steve Tshwete
Local Municipality

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PUBLIC NOTICE

DEVELOPMENT OF STAKEHOLDER DATABASE

IN ORDER TO ENSURE THE INVOLVEMENT OF RELEVANT STAKEHOLDERS IN COUNCIL ACTIVITIES, STEVE TSHWETE LOCAL MUNICIPALITY HEREBY INVITES INTERESTED STAKEHOLDERS TO REGISTER WITH THE MUNICIPALITY.

THE FOLLOWING ARE SOME OF THE COUNCIL ACTIVITIES/FUNCTIONS IN WHICH STAKEHOLDERS ARE REQUIRED TO PARTICIPATE (e.g. Council Meetings, Budget Indaba/Speech, IDP Meetings, Workshops, Summits, etc.)

ALL INTERESTED STAKEHOLDERS ARE REQUESTED TO OBTAIN REGISTRATION FORMS FROM COUNCIL'S WEBSITE: www.stevetshwetelm.gov.za OR AT THE CIVIC CENTRE 2ND FLOOR OFFICE B314 CNR. WALTER SISULU & WANDERERS STREET, MIDDELBURG.

KINDLY SEND COMPLETED REGISTRATION FORMS ON OR BEFORE **FRIDAY, 30 NOVEMBER 2018** TO LEBO THWALA OR CONNIE MPANGANE AT THE ABOVE MENTIONED OFFICES OR FAX: 013 243 2550

ALL ENQUIRIES CAN BE DIRECTED TO LEBO THWALA AT 013 249 7150 OR CONNIE MPANGANE 013 249 7061.



STAKEHOLDER DATABASE FORM

1. **INSTITUTION/ORGANISATION** : _____

2. **TYPE OF INSTITUTION** : (Mark with x)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government	Business	NGO	CBO	Political	Youth	Women

Other (Specify) _____

3. **CONTACT DETAILS**

Contact Person : _____

Designation : _____

Telephone : Office _____

Cell _____

Fax _____

E-mail _____

Address

Postal	Physical

4. **FUNCTION INTERSTED IN:**

The following are some of the functions/events arranged by Council, kindly indicate by making an X on which function/event will you be interested in attending.

<input type="checkbox"/> Council Meeting	<input type="checkbox"/> Budget	<input type="checkbox"/> IDP	<input type="checkbox"/> Youth
<input type="checkbox"/> Local Economic Development	<input type="checkbox"/> Community Meeting	<input type="checkbox"/> Mayoral Outreach	

I _____ ID No. _____ hereby authorized by the above mentioned institution/organization to complete this form and hereby declare that the above information is true and correct.

Signature _____

Date _____

