



STEVE TSHWETE LOCAL MUNICIPALITY

**PUBLIC NOTICE**

**DEVELOPMENT OF STAKEHOLDER DATABASE**

IN ORDER TO ENSURE THE INVOLVEMENT OF ALL 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](http://www.stevetshwetelm.gov.za) OR AT THE CIVIC CENTRE 2<sup>ND</sup> FLOOR OFFICE B314 CNR. WALTER SISULU & WANDERERS STREET, MIDDELBURG.

KINDLY SEND COMPLETED REGISTRATION FORMS ON OR BEFORE **FRIDAY, 08 JANUARY 2016** TO LEBO THWALA AT THE CIVIC CENTRE 2ND FLOOR OFFICE B314, OR CONNIE MPANGANE AT THE CIVIC CENTRE 2ND FLOOR OFFICE B317 ABOVE MENTIONED OFFICES OR FAX: 013 243 2550, EMAIL [council@stlm.gov.za](mailto:council@stlm.gov.za).

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

**ACTING MUNICIPAL MANAGER  
S M MNGUNI**



*Steve Tshwete*

STAKEHOLDER DATABASE FORM

Local Municipality \_\_\_\_\_

1. INSTITUTION/ORGANISATION : \_\_\_\_\_

2. TYPE OF INSTITUTION : (Mark with x)

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