

**NATIONAL CAPITAL DISTRICT COMMISSION
APPLICATION FOR USE OF WASTE DEPOT**

COMPANY NAME : _____

POSTAL ADDRESS : _____

TYPE OF VEHICLE & : _____

REGISTRATION NO. : _____

TYPE OF WASTE	Section	Allotment	Name of Street	Suburb

Number of loads/day : _____

Weight of the Vehicle: _____

Type of Service (Please Tick the Appropriate Boxes)		
Industrial	Commence <input type="checkbox"/>	Date of Effect -----/-----/-----
	Cease <input type="checkbox"/>	Date of Effect -----/-----/-----
OIL	Commence <input type="checkbox"/>	Date of Effect -----/-----/-----
	Cease <input type="checkbox"/>	Date of Effect -----/-----/-----
Medical	Commence <input type="checkbox"/>	Date of Effect -----/-----/-----
	Cease <input type="checkbox"/>	Date of Effect -----/-----/-----
Others	Commence <input type="checkbox"/>	Date of Effect -----/-----/-----
	Cease <input type="checkbox"/>	Date of Effect -----/-----/-----

Approved by :

Name : Signature :

I understand that the approval was granted for use of the waste depot for disposal of the waste as stated above and I agree to pay the prescribed fees as specified in NCDC Garbage and Sanitation law

Date : ____ / ____ / ____ Signature : _____