

**2023/24 INTEGRATED DEVELOPMENT PLAN REVIEW  
FOR THE MOGALAKWENA MUNICIPALITY  
STAKEHOLDER REGISTRATION FORM**

1.	NAME OF ORGANISATION					
2.	FULL NAMES OF CHAIRPERSON/SECRETARY					
3.	TYPE OF ORGANISATION	NGO	CBO	Company	Parastatal	Private
	OTHER: SPECIFY					
4.	BRIEF SUMMARY OF ACTIVITIES PERFORMED/SERVICES RENDERED					
5.	ORGANIZATION'S CONSTITUTION ATTACHED?	YES			NO	
6.	POSTAL ADDRESS					
7.	PHYSICAL ADDRESS					
8.	TELEPHONE NO					
9.	FAX NUMBER					
10.	E-MAIL ADDRESS					
11.	NUMBER OF MEMBERS	1-10	11-20	21-50	51-100	101+
12.	HAVE YOU / YOUR ORGANISATION BEEN INVOLVED IN ANY PREVIOUS IDP PROCESSES?				YES	NO
13.	TO WHAT EXTENT DO YOU WANT TO BE INVOLVED? MARK THE APPROPRIATE BLOCK/BLOCKS:					
	I want to receive newsletters/information on the process.					
	I want to participate in the Plenary Workshops (information sessions).					
	I want to participate in all the workshops (participation sessions).					
	I want to become a member of the IDP Representative Forum (representative body to be constituted for the IDP process).					
14.	THE IDP DEALS WITH DEVELOPMENT SECTORS. WHICH OF THE SECTORS ARE YOU/YOUR ORGANISATION MOST INTERESTED IN (MARK ONLY TWO)					
	Land Use Management					
	Environmental Management					
	Social Development (health, education, welfare, sport, art, culture)					
	Infrastructure Development					
	Housing					
	Institutional (municipal and financial matters)					

Name of applicant:

Capacity :

Signature :

Date :

**FOR OFFICE USE ONLY**

ACCEPTED : YES / NO

MORE INFO : YES / NO

REASON FOR REJECTION: \_\_\_\_\_

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