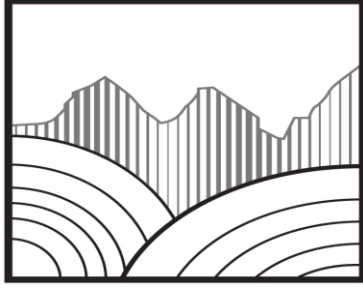


**STELLENBOSCH MUNICIPALITY HERITAGE SURVEY & MANAGEMENT PLAN  
PUBLIC PARTICIPATION PROCESS**



**Stellenbosch Municipality Heritage  
Survey & Management Plan**

Cape Winelands Professional Practices in Association



**SUSTAINABLE  
FUTURES ZA**

**PUBLIC PARTICIPATION INTERESTED AND AFFECTED PARTY REGISTRATION AND REPLY FORM**

**Complete and return this form to:** Shawn Johnston of Sustainable FuturesZA

**Telephone:** 083 325 9965

**Fax:** 086 510 2537 **E-mail:** swjohnston@mweb.co.za

**Postal Address:** P.O. Box 749 Rondebosch 7701 Cape Town

**Provide us with your correct contact details:**

|                                      |  |
|--------------------------------------|--|
| <b>Name:</b>                         |  |
| <b>Surname:</b>                      |  |
| <b>Organisation &amp; Portfolio:</b> |  |
| <b>Postal Address:</b>               |  |
| <b>Telephone:</b>                    |  |
| <b>Cellphone:</b>                    |  |
| <b>Fax:</b>                          |  |
| <b>E-mail:</b>                       |  |

**Are you an interested and affected party?**  
Please tick the relevant box.

|     |                          |
|-----|--------------------------|
| YES | <input type="checkbox"/> |
| NO  | <input type="checkbox"/> |

**Would you like to register as an interested and affected party and receive the Project correspondence?**  
Please tick the relevant box.

|               |                          |
|---------------|--------------------------|
| YES by e-mail | <input type="checkbox"/> |
| YES by post   | <input type="checkbox"/> |
| NO            | <input type="checkbox"/> |

**If you are a farmer/landowner/organisation or community representing heritage related matters, please provide us with your:**

|                                |  |
|--------------------------------|--|
| <b>Current farm name:</b>      |  |
| <b>Historical farm name:</b>   |  |
| <b>Erf number/farm number:</b> |  |

|   |  |
|---|--|
| <b>Name of nearest heritage or home owners association:</b> |  |
| <b>Name of chairperson:</b>                                 |  |
| <b>Contact details :</b>                                    |  |
|   |  |
|   |  |
|   |  |
|   |  |

**Please clarify your interest in this project & list your questions** (feel free to add additional pages to this form)

**Language choice:**

|           |                          |
|-----------|--------------------------|
| English   | <input type="checkbox"/> |
| Afrikaans | <input type="checkbox"/> |

**Please forward this form to any other interested and affected parties**