

EASTERN CAPE LIQUOR ACT, 2003 (Act No. 10 of 2003)

APPLICATION FOR CHANGE OF PLAN

REFERENCE NUMBER		BUSINESS NAME:	
MUNICIPALITY:		TOWN:	

Description of documents to be submitted

1. Proof of payment of Application Fee
2. Municipal approved building plan (in respect of external structural amendments)
3. Power of Attorney (where applicable)
4. Floor Layout Plan (in respect of changes to the interior layout plan)
5. Application form

NOTE: Providing false or inaccurate information will result in automatic disqualification

Application prepared by:			
Physical Address:			
Postal Address:			
Telephone No:		Mobile Cellular:	
E-mail Address:			

Licence holder Details: _____

Telephone No:		Mobile Cellular:	
E-mail Address:	_____		

Address of Premises: _____

Reason for change of plan: _____

DECLARATION

I, _____
, declare/truly affirm that:-

1. The information furnished in this application is to the best of my knowledge true and I acknowledge that should the East Cape Liquor Board discover false information the application shall be disqualified/rejected.
2. I further accept that the provisions of the Justices of the Peace and Commissioners of Oaths Act No. 16 of 1963, as amended, are applicable in the instance that false information has been submitted and declared/affirmed.
3. I hereby give consent to the Eastern Cape Liquor Board to communicate with me through email and/or SMS.

Date: _____

**Signature of applicant or person authorised
to represent the applicant**

I certify that this declaration has been signed and sworn to/affirmed before me at _____ on this _____ day of _____ by the applicant/person authorised to sign application who acknowledged that:

- (i) He / she knows and understands the contents of this declaration;
- (ii) He / she has no objection to taking the prescribed oath / affirmation; and
- (iii) He / she considers the prescribed oath to be binding on his / her conscience.

COMMISSIONER OF OATHS

Full name: _____

Business Address: _____

Designation: _____

Area for which appointment is held: _____

Office held if appointment is ex officio: _____

THE PROTECTION OF PERSONAL INFORMATION ACT (POPIA) CONSENT FORM

The purpose of the POPIA is to protect personal information of individuals and businesses and to give effect to their right to privacy as provided for in the Constitution. By signing this form, you consent to your personal information being processed by the Eastern Cape Liquor Board and consent is effective immediately and will remain effective until such consent is withdrawn.

I _____, the undersigned, hereby consent to the following:

1. My personal information may be processed by the Eastern Cape Liquor Board ("ECLB") during and after the processing of my application for purposes of compliance with the Eastern Cape Liquor Act 10 of 2003 and Regulations.
2. Furthermore, I understand that:
 - 2.1. I have the right to access my personal information which the ECLB and all the parties involved hold.
 - 2.2. I have the right to ask the ECLB and all the parties involved to update, correct, or delete my personal information on reasonable grounds.
 - 2.3. Should I wish to withdraw my consent to process my personal information, I must do so in writing, addressed to the ECLB.
 - 2.4. Once I withdraw my consent for ECLB to process my personal information, I understand that ECLB and all the parties involved in the ECLB processes are still obliged under other legislation to keep my personal information.
 - 2.5. The ECLB and all the parties involved may disclose my information where they have a duty or a right to disclose in terms of applicable legislation or where it may be necessary under other law.

Signed at _____ on this _____ day of _____ 20____

Data Subject