

ANNEXURE 1
FORMS

Form 1

REPUBLIC OF NAMIBIA
ENVIRONMENTAL MANAGEMENT ACT, 2007

(Section 32)

APPLICATION FOR ENVIRONMENTAL CLEARANCE CERTIFICATE



PART A: DETAILS OF APPLICANT

1. Name: (person or business) **ONDANGWA TOWN COUNCIL**

2. Business Registration / Identity No. **N/A**
(if applicable)

3. Correspondence Address: **P1 BAG 2032, ONDANGWA**

4. Name of Contact Person: **H.L. CONSTANTIN**

5. Position of Contact Person: **MANAGER : ENVIRONMENTAL
HEALTH & SAFETY**

6. Telephone No.: **065 - 240101**

7. Fax No.: **065 - 240453**

8. E-mail Address : (if any) **hconstantin@ondangwa.co.na**

Tick () the appropriate box



PART B: SCOPE OF THE ENVIRONMENTAL CLEARANCE CERTIFICATE

1. The environmental clearance certificate is for:

- AN EXTENSION OF ENVIRONMENTAL MANAGEMENT
- EMP PLAN (EMP) CLEARANCE CERTIFICATE
- OF ONDANGWA TOWN WASTE DISPOSAL SITE.

2. Details of the activity(s) covered by the environmental clearance certificate:

[Note: Please attach plans to show the location and scope of the designated activity(s), and use additional sheets if necessary:

Title of Activity: EMP FOR ONDANGWA TOWN WASTE DISPOSAL
 Nature of Activity: EMP FOR ONDANGWA TOWN WASTE DISPOSAL
 Location of Activity: ONDANGWA TOWN LAND (SEE ATTACHED)
 Scale and Scope of Activity: EMP FOR ONDANGWA TOWN WASTE DISPOSAL

PART C: DECLARATION BY APPLICANT

I hereby certify that the particulars given above are correct and true to the best of my knowledge and belief. I understand the environmental clearance certificate may be suspended, amended or cancelled if any information given above is false, misleading, wrong or incomplete.

Hilma Ngola HILMA NGOLA CONSTRUCTION MANAGER Health
 Signature of Applicant Full Name in Block Letters Position OFFICE HEALTH
 on behalf of ONDANGWA TOWN COUNCIL 20.07.2020
 Date

