



TOWER PLACEMENT APPLICATION FORM

1. APPLICANT:
Name:
Postal address:
Physical address:
Tel: Fax:
Email address:
2. CONTACT PERSON:
Name:
Designation:
Email address:
Tel:
3. SITE DETAILS
Site Location: Elevation (m):
Latitude (deg):
Longitude (deg):
Proposed Height A.G.L (m):
(if more than 1 sites please attach a separate spreadsheet with all proposed sites)

Directors: Sibongile Ndlela-Simelane (Chairperson), Mvilawemphi Dlamini (Chief Executive), Bheki Ndzinisa, Bongiwe Dlamini. December Mavimbela, John Mathwasa, Company Secretary: Ozzie Thakatha.









What will the tower be used for?	
Have you exhausted tower sharing Please attach evidence to this app	
	e declare that: wledge the information given above in this application form is true and correct. application form will be used only for the purpose(s) specified in this
	SIGNATURE OF APPLICANT / AGENT:
	NAME OF SIGNATORY:
CTANAD	DESIGNATION:
STAMP	DATE:
For Official use by ES CCOM	
Date received:	
Application Approved or Denied: .	
	o continue with the process of getting authorization from relevant
approving entities.	
Reason(s) if denied:	
Signed:	
Date:	Stamp







5. ESWACAA

For Official use by ESWACAA
Date received:
Application Approved or Denied:
Reason(s) if denied:
Signed:
Date: Stamp
letter of approval from ESWACAA to be attached)

6. EEA

For Official use by EEA
Date received:
Application Approved or Denied:
Reason(s) if denied:
Signed:
Date: Stamp
letter of approval from EEA to be attached)







7. LOCAL AUTHORITY

For Official use by Local Authority	
Date received:	
Application Approved or Denied:	
Reason(s) if denied:	
Signed:	
Date:	Stamp
(letter of approval from Local Authority to be attached)	
8. PERMISSION TO BUILD (Municipality/Min For Official use by Municipality / Ministry of Housing an	
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9. FINAL AUTHORIZATION

For Official use by ESCCOM						
Date received:						
Approvals Check:						
ESWACAA		No				
Local Authority(permission to use land)		No				
Municipality or Ministry of Urban Development		No				
EEA		No				
Application Approved or Denied:						
Signed:						
Date:			Stamp			





