FORM MDB3

WARD DELIMITATION

FORM TO SUBMIT TO PROPOSALS ON WARD BOUNDARIES (IN AGREEMENT OR DISAGREEMENT WITH THE DRAFT WARDS)

Name of municipality: …………………………………………..Code………

(Please send this form to the MDB by email (registry@demarcation.org.za) or by fax 012-3422480, as soon as possible.

Name of person/institution:……………………………………………………..

Contact person:…………………………………………………………………

Address:………………………………………………………………………….

Tel. number:……………………………….Cell number:…………………………..

Email address:…………………………………………………………………..

I hereby confirm that I/my institution have/has participated in the municipality's consultative process.

I/my institution accept(s) the MDB proposals for the following wards:

Ward no.	Ward no.	Ward no.	Ward no.	Ward no.

(Please provide ward numbers as on the map)

However, I/my institution do not/does not agree with the configuration of the other ward boundaries, and request(s) the MDB to consider the following proposals:

Ward number	The ward should comprise of the following voting districts (provide the voting district numbers, and the number of	Motivation

	voters in brackets e.g. VD1(1500)+VD3(2500)=4000	

The following written, and supporting submissions have been received, and are attached:

Received from	Date of submission

I confirm that:
- the boundaries of the proposed wards have been mapped on the attached map;
- each cluster of voting districts form a contiguous ward;
- the number of voters in each ward fall within the minimum and maximum of the norm;
- the proposed ward boundaries comply, in general, with the criteria.

SIGNATURE

DATE:…………………..