

### **FORM MDB1**

## WARD DELIMITATION

FORM TO NOTIFY THE MDB THAT LOCAL CONSULTATIONS ON THE DRAFT WARD BOUNDARIES, HAVE BEEN COMPLETED AND THAT THE MUNICIPALITY AND LOCAL STAKEHOLDERS AGREE WITH THE DRAFT WARD BOUNDARIES.

(Please send this form to the MDB by email (<a href="mailto:registry@demarcation.org.za">registry@demarcation.org.za</a>) or by fax 012-3422480, as soon as possible but not later than 30 April 2020.

Name of municipality:	Code
Contact person:	
Tel. number:	Cell number:
Email address:	
I hereby confirm that the Municipal Conbeen consulted.	uncil and all the Ward Committees have
In addition the following persons and i	nstitutions have also been consulted:
Name	Contact details
I confirm that all parties are satisfied w by the MDB.	rith all the ward boundaries as proposed
MUNICIPAL MANAGER	
DATE:	

#### FORM MDB2

### WARD DELIMITATION

FORM TO NOTIFY THE MDB THAT THE MUNICIPALITY AND LOCAL STAKEHOLDERS DO NOT AGREE WITH SOME OR ALL THE DRAFT WARD BOUNDARIES, AND TO SUBMIT TO THE MDB ALTERNATIVE PROPOSALS ON WHICH CONSENSUS HAS BEEN REACHED WITH LOCAL STAKEHOLDERS

(Please send this form to the MDB by email (<a href="mailto:registry@demarcation.org.za">registry@demarcation.org.za</a>) or by fax 012-3422480, as soon as possible but not later than 30 April 2020.

by lax 012	2-3422400, as st	Jon as pos	SIDIC D	at not later the	an 30 April 2020.
Name of mun	icipality:				Code
Contact pers	on:				
Геl. number:.			Cell nu	mber:	
Email addres	s:				
_	irm that the Mu ed on the ward	-			l Committees hav DB.
n addition th	e following pers	sons and i	nstituti	ons have also	been consulted:
Name			Conta	act number or	email address
l confirm that following war	all parties agre	eed to acce	ept the	MDB proposal	s for the
Ward no.	Ward no.	Ward r	10.	Ward no.	Ward no.
Please provi	de ward numbe	rs as on th	e map	)	

The municipality has reached consensus with stakeholders that the following alternative proposals should be submitted to the MDB for consideration:

Ward number	The ward should comprise of the	Motivation
	following voting districts	

(provide the voting district	
numbers, and the number of	
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 provided by the MDB;
- 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.

MUNICIPAL MANAGE	R
DATE:	

# FORM MDB3

# WARD DELIMITATION

FORM TO SUBMIT TO THE MDB SEPARATE INDIVIDUAL PROPOSALS ON WARD BOUNDARIES WHERE THERE IS DISAGREEMENT WITH THE DRAFT WARDS

Name of munic	ipality:			Code
		MDB by email ( <u>r</u> on as possible bu	_	
Name of perso	n/institution:			
Contact persor	າ:			
Address:				
Tel. number:		Cell nun	nber:	
Email address:		•••••		
-	m that I/my inst consultative pro	itution have/has ocess.	participated in	the
I/my institution	accept(s) the N	MDB proposals fo	or the following	wards:
Ward no.	Ward no.	Ward no.	Ward no.	Ward no.
(Please provide	e ward numbers	s as on the map)		
•		ot/does not agreequest(s) the MDE		•
Ward number	following vo (provide the numbers, an voters in bra	ould comprise of ting districts voting district ad the number of ackets e.g. /D3(2500)=4000)		on

_		

# 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:	