



# THE DISTRICT COUNCIL OF SAVANNE

## PUBLIC HEALTH DEPARTMENT

### EXPRESSION OF INTEREST NOTICE NO 1/2016

#### Application form for stalls at Riviere des Anguilles Old Market

Surname of Applicant: .....

Other Name: .....

Address: .....

Telephone No: .....

Section: **Vegetable**   
(Tick only one)

If others, please specify: .....

National Identity Card No: 

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(Copy to be submitted)

**Copies of the following should be submitted:**

Birth Certificate.  Marriage Certificate  Employment Registration Card

Rental Book  Utility Bills (CEB, CWA or MT)

Holder of any stall/space inside a  
Market/Fair or any other place. YES  NO

If Yes, please specify: .....

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I, the undersigned, hereby certify that all the above information are true and correct and that I have taken note of all the conditions related to this application to which I agree to abide. I am also aware that should it, at any time be found that any information submitted by me is incorrect, my application and/or award will be automatically cancelled.

Signature of Applicant: .....

Date of Application: .....

Expression of Interest – Notice No 1/2016

**FOR OFFICIAL USE ONLY**

<b>Copy</b>	<b>Submitted</b>	
	<b>YES</b>	<b>NO</b>
<b>NID</b>		
<b>Birth Certificate</b>		
<b>Marriage Certificate</b>		
<b>Utility Bill (CEB, CWA, Phone Bill, Bank Statement, Postal code or such other document as may be accepted by the Council)</b>		
<b>Employment Registration Card</b>		
<b>Rental Book</b>		