



Ugu Distrik Munisipaliteit

Ugu District Municipality

Ugu Umasipala Wesifunda

**ECONOMIC DEVELOPMENT & ENVIRONMENTAL SERVICES
ENVIRONMENTAL HEALTH SERVICES**

APPLICATION PROCESS FOR CERTIFICATE OF COMPETENCE

1. Application Form

Complete the Certificate of Competence application form and submit to the Environmental Health Office, along with a copy of the applicant's ID and the zoning certificate for the premises.

2. Inspection of the Premises

An Environmental Health Practitioner will review the application form and schedule an on-site inspection of the funeral undertaker/parlour.

3. Payment

If the premises is found to be satisfactory, the applicant will be requested to make a payment of **R1206.35** using the following methods:

I. Ugu District Municipality Cashiers at Oslo Beach, Connor Street, and Park Rynie.

Account Number: 053299833

Reference Number: 60282598

II. Via EFT - Banking Details:

Bank Name: Standard Bank

Branch Name: Port Shepstone

Code: 051001

Account Number: 053299833

Reference: 60282598

4. Proof of Payment:

Deliver or email a copy of the proof of payment to the Environmental Health Practitioner handling your application.

5. Processing and Issuing of Certificate of Competence:

The application will be processed, and the Certificate of Competence will be issued within fourteen (14) working days after the payment and proof of payment are received.

6. Renewal of Certificate of Competence:

According to the Regulations Relating to the Management of Mortal Remains the Certificate of Competence must be renewed every two (2) years. It is recommended that funeral undertakers begin the renewal application process 30 days prior to the certificate's expiration date to allow sufficient time for processing and to avoid any interruption in services.



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**APPLICATION FORM FOR A CERTIFICATE OF COMPETENCE FOR FUNERAL
UNDERTAKER/PARLOUR**

REGULATION 363 OF 22 MAY 2013 - Regulations relating to the Management of Mortal Remains

A. PERSON IN CHARGE

NAME AND SURNAME	
I.D. NUMBER:	
CONTACT NO.	
EMAIL ADDRESS	

B. PARTICULARS OF PREMISES

Name of Funeral Undertaker/Parlour (Business			
Type of Application (✓ applicable)	New		Renewal
Cold room/Mortuary capacity			
Name and Surname of Owner			
Identity No of Owner			
Attach/copy of Identity document	YES		NO
Attach copy of Zoning Certificate	YES		NO
Attach copy of Town Planning Certificate	YES		NO
Attached copy of Land lord's consent letter	YES		NO
Physical Address of Funeral Undertaker/Parlour (Street number & Name, Lot number and Suburb)			
Postal Address			

C. STAFF

Number of persons employed: Male:

Female:

.....
SIGNATURE OF APPLICANT

.....
DATE OF APPLICATION

D. CHECKLIST FOR ISSUING CERTIFICATE OF COMPETENCE

To be completed by an Environmental Health Practitioner in terms of Health Act 2003 (Section 61 of 2003) Chapter 3, Section 5 and Regulation 363, Regulations Relating To The Management of Mortal Remains.

AREA OF FOCUS	COMPLIANT	NOT COMPLIANT	COMMENTS
A preparation room for the preparation of human remains			
Change-rooms, separate for each gender, for the use of employees employed at such premises			
Refrigeration facilities for the refrigeration of human remains			
Facilities for the washing and cleansing of utensils and equipment inside the building			
Facilities for the washing and cleansing of vehicles on such premises, equipped with approved drainage systems			
Facilities for the loading and unloading of human remains as contemplated in regulation 10 (2)			
Facility for back-up source of electricity, in case of power failures			
Comply with all the requirements mention in regulations 10 and 11.			
Maximum Number of cadavers permitted to be stored in the approved mortuary			

E. FOR OFFICIAL USE

NAME OF EHP: _____		DATE INSPECTION CONDUCTED: _____	
SUPPORTING DOCUMENTS ATTACHED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
APPLICATION APPROVED:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
SIGNATURE OF EHP: _____			
_____	_____		
SIGNATURE OF SUPERVISOR	DATE:		