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 municipality: ……..Code……

(Please send this form to the MDB by email (registry@demarcation.org.za) or by fax 012-342 2480, as soon as possible but not later than 30 June 2025.

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

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:……..