



**NDLAMBE MUNICIPALITY  
MUNICIPAL MANAGER  
P.O.BOX 13  
PORT ALFRED  
6170**

**TEL: 046-604-5523/5588  
FAX: 046-604-2669  
EMAIL: building@ndlambe.gov.za  
Email: build@ndlambe.gov.za  
www.ndlambe.gov.za**

**BUILDING CONTROL SECTION**

**POWER OF ATTORNEY**

I/we, the undersigned ..... Identity number .....

& .....identity number .....

Hereby authorize and give signatory authority to ..... with  
identity number ..... To act on my/our behalf for matters relating to

**ERF/Farm** .....**in (town/area)** .....

In terms of this document **Ms/Mrs/Mr**..... has the authority to view and make  
copies of the building plans for the property in Municipal possession, to sign all the relevant and  
required documents, forms and plans on my behalf, and to process all related legal actions related to  
the approval of my plans.

Should you have further queries relating to the above signatory authorization, please feel free to contact  
**me/us at cell number**.....  
and **email**.....

**Yours sincerely**

**Name** .....**Date**.....**Signature**.....

**Name** .....**Date**.....**Signature**.....

**Ndlambe Municipality incorporating Port Alfred, Bathurst, Kenton-On-Sea, Boesmansriviermond,  
Alexandria, Seafield, Boknes, Cannon Rocks, and surrounding Rural areas**