

**INTERESTED & AFFECTED PARTY (IAP) REGISTRATION AND COMMENT FORM**

Project No.:

Competent Authority Ref. No.:

Please complete the form and submit to Legacy EMC:

 E-Mail: [ppp@legacyemc.co.za](mailto:ppp@legacyemc.co.za)

Fax: 021 205 1966

Post: P.O. Box 12410, Die Boord, 7613

 Please ensure comments are received  
prior to closure of PPP comment period.

DATE:		FIRST NAME:	
TITLE:		SURNAME:	
ORGANISATION:		SIGNATURE:	
POSTAL ADDRESS:			
		CODE:	
TEL NO:		FAX NO:	
CELL NO:		E-MAIL:	

**INDICATE YOUR INTEREST IN THE PROJECT (BUSINESS, FINANCIAL, PERSONAL, ETC.):**


**PROVIDE YOUR COMMENTS / ISSUES/ CONCERNS REGARDING THE PROJECT:**


**FOR OFFICE USE**

DATE RECEIVED:

OUR REFERENCE:

STATUS:

ACKNOWLEDGEMENT SENT:

**- End of registration form. Thank you for your participation -**