Return to: Lungisa Bosman
Fax: 046 622 6564

Coastal & Environmental Services

COMMENTS FORM - INTERESTED &AFFECTED PARTY

Project for which you wish to register: _____

Title: MR. / MRS. / MS / DR. / PROF	**Last Name:**		
First Names:			
Name of Company / Organisation:			
Language Preference:	ENGLISH	AFRIKAANS	XHOSA
Contact details			
Postal Address:	**Email Address:**		
	Contact number:		
	Fax number:		
Issues/Concerns:			