Application for Certificate of Registration – Camping Ground



Details of Applicant:

Company / Sole Trader / Partner	ship Na	ame (Lega	al Entit	ty):		
Postal address:						
		Postcode:				
Daytime Ph:		A/H	Ph:			
Fax No:	Mobile No.:					
Email:						
Details of Contact:						
Given names:						
Surname:						
Postal address:						
				Postcode	e:	
Daytime Ph:	A/H Ph:					
Fax No:	Mobile No.:					
Email:						
Details of Premises:						
Trading name:						
Physical address:						
Town:						
Please include full payment \$290.00	when					included.
Applicant's signature:			Dat	te:		

If Paying by Internet Banking please use the following details:

Account Name: Matamata-Piako District Council

Bank: Bank of New Zealand

Branch: Te Aroha

Bank Account No: 02 0436 0021611 00
Payee Name: < your name >
Pay at one of our three offices:
35 Kenrick Street, Te Aroha

56-62 Canada Street, Morrinsville Cnr Tainui and Tui Streets, Matamata

Office Use Only		Date Received	
Receipt Number:			
Document Number:	_		
Licence Number:			