

MINISTRY OF JUSTICE

APPLICATION FOR AN ORDER DESIGNATING A PLACE FOR RASTAFARI WORSHIP Dangerous Drugs Act, 7D (6)

APPLICATION #

APPLICANT'S FIRST NAME	MIDDLE NAME	SURNAME

WHERE THE APPLICANT IS AN ORGANIZATION, STATE THE

NAME OF THE ORGANIZATION:

ADDRESS OF THE ORGANIZATION:

AGE OF THE ORGANIZATION:

(THE PERSON APPLYING ON BEHALF OF THE ORGANIZATION IS STILL REQUIRED TO COMPLETE THE SECTIONS REQUIRING PERSONAL INFORMATION FOR APPLICANTS)

ID TYPE DRIVERS LICENSE <input type="checkbox"/> PASSPORT <input type="checkbox"/> NATIONAL ID <input type="checkbox"/> DATE OF BIRTH	IDENTIFICATION # EXPIRATION DATE TAX REGISTRATION NUMBER
RESIDENTIAL ADDRESS (to include directions)	TELEPHONE # _____ (LAND LINE) _____ (MOBILE) EMAIL ADDRESS

LOCATION OF PLACE TO BE DESIGNATED (to include directions)

(WHERE MORE THAN ONE PLACE OF WORSHIP IS TO BE DESIGNATED, ATTACH TO THIS FORM A LIST OF THE PLACES AND THEIR LOCATIONS).

<p>STATE NAME OF PLACE OF WORSHIP</p>	<p>STATE DETAILS OF THE PREMISES TO BE DESIGNATED UNDER THIS APPLICATION (ROOMS, AREA, HOUSE, LAND, ETC.)</p>
<p>HOW DID YOU COME TO OCCUPY THE LAND?</p> <p>(Tick the most appropriate box and submit documentary proof in support of answer - such proof should be in the form of a duplicate Certificate of Title, Rent Receipt and/or Contract, Lease Agreement, Common Law Title etc.)</p> <p>OWNED <input type="checkbox"/> LEASE <input type="checkbox"/></p> <p>RENT <input type="checkbox"/> OTHER <input type="checkbox"/></p>	<p>HOW LONG HAS THE APPLICANT BEEN IN OCCUPATION OF THE LAND?</p> <p>YEAR/S <input type="text"/> MONTHS <input type="text"/> DAYS <input type="text"/></p> <p>(if land is unregistered, provide proof in the form of statutory declaration/s from the owner (where applicable) or from 2 other person who have known the land for over 30 years)</p>

<p>IS THE LAND REGISTERED UNDER THE REGISTRATION OF TITLES ACT?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>IF YES PLEASE STATE</p> <p>VOLUME _____ FOLIO _____.</p>
	<p>IF NO GIVE DETAILS SUPPORTED BY DOCUMENTARY EVIDENCE</p>

STATE WHETHER PLACE TO BE DESIGNATED WILL BE USED SOLELY OR MAINLY FOR A PLACE OF WORSHIP

<p>STATE NUMBER OF MEMBERS /AVERAGE SIZE OF CONGREGATION/GROUP</p>	<p>CLEARLY STATE FREQUENCY OF MEETINGS WITH DETAILS</p>
---	--

CONTACT DETAILS OF APPLICANT IF DIFFERENT FROM ABOVE

ADDRESS _____

TELEPHONE NUMBER _____ EMAIL ADDRESS _____

SIGNATURE OF APPLICANT _____ DATE _____

CONTACT DETAILS OF THREE OFFICERS OF THE ORGANIZATION

NAME	POSITION HELD IN ORGANIZATION	ADDRESS, TELEPHONE NO. & EMAIL ADDRESS	SIGNATURE

Date: _____

Note: If additional space is required for responses to any of the above questions, use and sign a separate sheet and attach it to this form.

INTERNAL USE ONLY

Copy of Official Receipt for Fee Paid

Supporting recommendation from at least three (3) members of place of worship

Copy of National Identification of Applicant

Proof of ownership/right/permission to use property for the purpose required in this Application

Name of Officer _____ Officer's Signature _____

Date _____