

STAKEHOLDER REGISTRATION FORM

EIMS Ref 1590 Project Name Thungela Lephalale CBM EIA

This form serves to register Stakeholders for the above-mentioned project and to solicit input and participation.

RETURN DETAILS

Attent	tion	Lucien James	Email	LCBM@eims.co.za
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STAKEHOLDER INFORMATION

Title	Full name and sui	rname						
	Tel (w)				Tel (h)			
6	Fax				Cell			
Contact details	E-mail							
	Postal Address							
Preferred form of co	Email	SMS	Whatsa	арр	Fax	Post		
Organisation and/or local community								

QUESTIONNAIRE

Are you direct project?	ly impacted	by the	Yes		No		If yes, please describe how? (you are welcome to add additional pages if required)	
Are you a user of the application area or directly adjacent areas? If so, please describe your use of the application area.								
Are you aware of any communities/organisations/community groups etc which operate within the application area that should be informed? Please provide details and if possible contact details?								
Are you aware of any tribal authorities, indigenous peoples, or ethnic and culturally distinct groups that may be affected by the aforementioned project? Please provide details and possible contact details?								
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Are you aware of any other stakeholders contact details?	who need to	be notified/engaged?	Please p	rovide detail and possible			
Please can you provide us with a high-leve may directly or indirectly be impacted? (ir Infrastructure; sensitive flora/fauna)							
Are you aware of any other activities (curre relevant to the proposed project?	ent or propose	d) within, or adjacent t	the ap	plication area that may be			
Are you aware of any cultural of heritage resurrounds? Please provide detail?	esources (inclu	iding intangible resourc	es) with	in the application area and			
Please describe any bio-physical and/or socstudy?	cio-economic i	impacts that you believ	e should	be considered during the			
Do you have any other specific concerns, c	omments or o	biections to the propos	sed proje	ect? If so, could you please			
Do you have any other specific concerns, comments or objections to the proposed project? If so, could you please provide us with information?							
EIMS respectfully requests that you please sign this document and return it to EIMS at the details provided on the top of the first page to ensure that your comments, concerns and inputs are recorded.							
Name	Signature		Date				