



Ekurhuleni
METROPOLITAN MUNICIPALITY

Northern Service Delivery Region
KEMPTON PARK SERVICE DELIVERY CENTRE

APPLICATION MARCH /GATHERING/ PROCESSION

**Metropolitan Police
Department**

16 cnr Margaret Ave. &
Long Street
KEMPTON PARK
1620

Tel : (011) 999-0217/1473
Fax : (086) 585 3280874-5212
www.ekurhuleni.com

DATE

THE CONVENER / APPLICANT

ORGANISATION / GROUP

AREA

This form must be fully completed and forwarded to **The Regional Director EMPD's Office** at least **seven (7)** days prior to the date of the march / gathering / procession.

In terms of the Regulations of the **Gatherings Act, 1993 (Act 205 of 1993)** a gathering can be defined as follows:

"Gathering" means any assembly, concourse of procession of more than 15 persons in or on any public road as defined in the **National Road Traffic Act, 1996 (Act 93 of 1996)**, or any other public place or premises wholly or partly open to the air-

- (a) *at which the principles, policy, actions or failure to act of any government, political party or political organisation, whether or not that party or organisation is registered in terms of any applicable law, are discussed, attacked, criticised, promoted or propagated; or*
- (b) *held to form pressure groups, to hand over petitions to any person, or to mobilise or demonstrate support for or opposition to the views, principles, policy, actions or omissions of any person or body of persons or institutions, including any government, administration or governmental institutions."*



You may be required to attend a meeting to discuss your application.

APPLICANT
(Designation and Signature)

REGULATIONS OF GATHERINGS ACT 205, 1993

I / we hereby apply for permission to hold the following march / gathering / procession in the Ekurhuleni Metropolitan Municipal area:

CONVENER

Full name and surname

Physical Address

ID Number/Passport no

Telephone numbers & fax number –

Office hours

After hours

Cell no

Fax no

DEPUTY CONVENER

Full name and surname

Physical Address

ID Number/Passport no

Telephone numbers & fax number –

Office hours

After hours

Cell no

Fax no

NAME OF GROUP / ORGANISATION

INFORMATION REGARDING THE MARCH/GATHERING/PROCESSION

Date of march / gathering / procession

Purpose of march / gathering / procession

<input type="text"/>
<input type="text"/>
<input type="text"/>

Approximate number of participants

Number of marshals

Describe identification insignia / attire of marshals

<input type="text"/>
<input type="text"/>
<input type="text"/>

Point of gathering

Time of gathering

Starting time march

Time gathering / procession / march will return

Time of disperse

NOTICE OF MARCH / GATHERING / PROCESSION

Is the application submitted at short notice i.e. less than seven (7) days to the intended date of the march / gathering / procession?

YES NO

If yes, supply reasons why notice was not given timeously

PETITIONS / MEMORANDUMS

Is any petition / memorandum going to be handed over?

YES NO

If yes, supply the name and designation of such person(s).

Was the mentioned person(s) notified thereof?

YES NO

If yes, supply the following information-

DATE PLACE

SAFETY AND SECURITY

Explain in detail the steps taken by organisers to ensure a peaceful/orderly conduct of participants at all times.

Description of placards/slogans to be displayed.

OTHER RELEVANT INFORMATION

Have provision been made for-

Toilet facilities YES NO



Water	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Resting places along the route	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Parking for vehicles	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

EXACT AND COMPLETE ROUTE OF MARCH / GATHERING / PROCESSION

ROUTE 1

ROUTE 2 (If applicable)

ROUTE 3 (If applicable)

SIGNATURE OF CONVENER

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SIGNATURE OF DEPUTY CONVENER

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PLEASE NOTE THAT IF A GATHERING / PROCESSION / MARCH IS CANCELLED OR CALLED OFF, THE RESPONSIBLE OFFICER MUST IMMEDIATELY BE NOTIFIED THEREOF IN WRITING, WHICH WILL RESULT IN THE CANCELLATION / LAPSE OF THIS APPLICATION.

NB *All relevant documentation must be submitted together with this application*



INDEMNITY

I, the undersigned _____ (full names)

In his/her capacity as _____ on behalf of

(organisation/group) _____

**(hereinafter known as the “applicant”)
he/she being duly authorised hereto**

**In favour of the Ekurhuleni Metropolitan Council
(hereinafter known as the “Council”**

WHEREAS the Applicant has requested the approval of the Council to use certain streets, sidewalks or public places under the control of the Council for the purpose of:

AND WHEREAS the Council has approved the application subject to the requirements of the Ekurhuleni Metropolitan Police Department and on further conditions that the applicant indemnifies the Council as stated hereunder;

NOW THEREFORE the Applicant hereby indemnifies and holds harmless the Council against all and any loss, costs, damage to property or person or injury which may be incurred or sustained by the Council or the Applicant or by any third party (including the Council’s employees) and also against any actions, legal proceedings and claims of whatsoever nature that may be instituted or made against the Council, arising out of, or in any way connected with the exercise by the Applicant of the rights granted by the Council;

AND ALSO in respect of all legal and other expenses (including all attorney and client costs) incurred by the Council in examining or defending any such action, legal proceeding or claim.

This done and signed on behalf of the Applicant at (state administrative unit)

On this _____ day of _____, 200 at _____

SIGNATURE

WITNESS

NAME