

**Schedule 10 – Form 9**  
**APPLICATION FOR FUNERAL DIRECTOR'S LICENCE**

[cl 4.2(1)]

[1] \_\_\_\_\_  
Hereby applies for the issue of a licence for the period beginning \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_,

And ending 30 June 20\_\_\_\_\_ [2], to undertake funerals within the cemetery and in support of such application supplies the following particulars:

1. **To be completed by all applicants:**

(a) Trading name of business \_\_\_\_\_

(b) Address from which business will be carried out \_\_\_\_\_

Telephone No. \_\_\_\_\_

(c) Number of years for which applicant has previously held a Funeral Director's Licence \_\_\_\_\_

(d) Details of offences under the Cemeteries Act, Cremation Act or the Local Law of any cemetery for which the applicant or persons employed by the applicant have been convicted  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(e) Full name, address and capacity of person completing this application [3] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **To be completed if the applicant is a company:**

(a) Full names and address of –  
Director/s \_\_\_\_\_

Manager/s \_\_\_\_\_

Secretary \_\_\_\_\_

(b) Registered Office: \_\_\_\_\_  
\_\_\_\_\_

3. **To be completed if the applicant is a partnership:**

Full names and addresses of partner/s  
\_\_\_\_\_  
\_\_\_\_\_

4. **To be completed if applicant is neither a company nor partnership:**

Full name and address [4]  
\_\_\_\_\_  
\_\_\_\_\_