



Schedule 10

Name of Applicant: \_\_\_\_\_

Hereby applies for the issue of a licence for the period:

\_\_\_\_\_ / \_\_\_\_\_ /20 ending on 30 /06 /20 \_\_\_\_\_

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  
\_\_\_\_\_  
Tel. 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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]  
\_\_\_\_\_  
\_\_\_\_\_