

Application for Funeral Director's License

Schedule 10

Name of Applicant: _____

Hereby applies for the issue of a license for the

_____/_____/20 ending on ____/____/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 License

(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]
