



APPLICATION FOR ACCESS TO LAND ADMINISTRATION WEB (LAW): ENDORSEMENT BY APPLICANT'S MANAGER

APPLICANT'S DETAILS			
SURNAME		TITLE	
FULL NAMES		TEL/CELL	
PERSAL NO.		ID NO.	
DEPT/INSTITUTION		TOWN	
		STREET ADDRESS	
DIRECTORATE		E-MAIL	

LAW SYSTEM FUNCTIONS (Mark box/boxes)				
<input type="checkbox"/> Guest	<input type="checkbox"/> Reports	<input type="checkbox"/> Land Use	<input type="checkbox"/> Data Administrator	
<input type="checkbox"/> General View		<input type="checkbox"/> Prop Task Manager	<input type="checkbox"/> System Administrator	
STATE LAND LEASING SYSTEM (Mark <u>one</u> box only, except Capturer / PO can be <u>both</u>)				
<input type="checkbox"/> SLLS Capturer	<input type="checkbox"/> Project Officer	<input type="checkbox"/> Legal Officer	<input type="checkbox"/> State Land Manager	<input type="checkbox"/> Monitor
PROVINCIAL STATE LAND VESTING & DISPOSAL COMMITTEES (Mark <u>one</u> box only)				
<input type="checkbox"/> Secretary/Capturer	<input type="checkbox"/> State Land Manager	<input type="checkbox"/> Nat. Office Verifier	<input type="checkbox"/> Nat. Office Dep Dir	
<input type="checkbox"/> Nat. Office Director	<input type="checkbox"/> Nat. Office CD	<input type="checkbox"/> Office of DDG	<input type="checkbox"/> Office of DG	
<input type="checkbox"/> Office of Dep Minister	<input type="checkbox"/> Office of Minister			
COMMUNAL PROPERTY ASSOCIATIONS (Mark box/boxes)				
<input type="checkbox"/> CPA Reports/Viewer	<input type="checkbox"/> CPA Capturer	<input type="checkbox"/> CPA Registrar		
IMMOVABLE ASSETS REGISTER (Mark box/boxes)				
<input type="checkbox"/> IAR Capturer	<input type="checkbox"/> IAR Verifier			
LAND REDISTRIBUTION MODULE (Mark box/boxes)				
<input type="checkbox"/> LRM Viewer	<input type="checkbox"/>	<input type="checkbox"/>		

MOTIVATION FOR ACCESS (Compulsory)								
<input type="checkbox"/> EC	<input type="checkbox"/> FS	<input type="checkbox"/> GP	<input type="checkbox"/> KZN	<input type="checkbox"/> LP	<input type="checkbox"/> MP	<input type="checkbox"/> NC	<input type="checkbox"/> NW	<input type="checkbox"/> WC

RECOMMENDATION AND APPROVAL				
	INITIALS SURNAME	RANK	SIGNATURE	DATE
APPLICANT				
SUPERVISOR				

LAW CONTROL				
DECLINE <input type="checkbox"/>				
ACCEPT <input type="checkbox"/>				
SUSPEND <input type="checkbox"/>				
LAW SYSTEM ADMINISTRATOR				

Please e-mail the form to law.system@dlrrd.gov.za