



APPLICATION FOR

A. PLEASE RENDER/*DISCONTINUE THE FOLLOWING SERVICES ON (DATE)
(2 WORKING DAYS' NOTICE IS REQUIRED)

WATER PROVISION			SEWERAGE (TOILET)	ELECTRICITY		REFUSE	
Communal Standpipe	Yard Tap	House Connection	Pit Latrine (VIP)	Water Connection	Prepaid	Conventional meter	Removal

TYPE OF SUPPLY:

Domestic	Commercial	Industrial	Educational	State	Agricultural	Other
State whether any type of business activities to be conducted from residential address					YES	NO

PHYSICAL ADDRESS WHERE SERVICES ARE REQUIRED:

TYPE OF BUILDING

House	Business	Flat	Complex	Section Title	Other
-------	----------	------	---------	---------------	-------

B. PERSONAL INFORMATION OF APPLICANT/CUSTOMER

BarPrint 230943 Tel: (013) 712 2723

Trust/ Close Corporation/Company name :

Trust/ Close Corporation/Company registration no.¹ :

Surname² : ID Number :

First names : Pension Number :

Physical Address :

Postal Address :

Postal Code :

Employer :

Work Address :

Employee number : Number of current years at current address :

Tel. Work : Tel. Home:

Occupation : Cell No.:

Spouse Details: Bank Details:

Full Names : Branch:

ID number : Account No.:

Cell No. : Do you wish to make use of :

Name of Employer : Debit order: YES/NO

Work Address : Stop order: YES/NO

Work Tel. No : Vehicle Registration No.:

Marital Status:

In/Out Community of Property	Marital Status Contract	Divorced	Single
------------------------------	-------------------------	----------	--------

List of other accounts held : 1 Account No.

2 Account No.

3 Account No.

Previous municipal account Account No.

Occupiers of stand other than family (rental, backyard lodgers, spaza shops, taxis, etc) :

Number of people residing on property Over 18: Under 18:

1 No application form will be considered unless copies of the relevant registration forms are attached.

2 In the case of a juristic person, the full particulars of the duly authorised partner/director/member/trustee must be supplied, together with a resolution authorising such a person to conclude the agreement on behalf of the juristic person. In the case of a natural person, proof of identity, ownership, lease or agreement of sale must be attached.

MUNICIPAL SERVICES

10401

APPLYING FOR INDIGENT SUPPORT?

YES NO

Total income of household if applying for indigent support: (Include all sources of revenue of all persons residing on the site)
R _____

Method of account delivery: Fax Post E-mail E-mail address _____

Name and address of a family member or friend not residing at the same address:
..... Tel. No.

If not the owner, to whom do you pay rent:
.....

C. TO BE COMPLETED BY OWNER/AGENT/CARETAKER FOR LEASED PROPERTIES

Surname : First Name :
Street Address : ID Number :
Date : Signature :

I confirm that the application has concluded a lease agreement in respect of the property as set out above and I understand that should the applicant fail to make payment in respect of the services as agreed, I will be the debtor of last resort and liable for payment of any outstanding balance due and owing to the municipality.

D. DECLARATION BY APPLICANT

I/we hereby declare that I/we agree to the conditions of supply of the mentioned services as laid down in the by-laws of the Municipality and any other laws that are applicable. I specifically acknowledge that I/we with my/our signature hereto, I/we warrant that the information supplied herein is correct, the application was completed in full at the time of signature thereof, that I/we am/are duly authorised to conclude this agreement, that I/we understand the full effect and meaning thereof and that, if this agreement is concluded on behalf of a business or juristic person, I/we warrant that the business is trading in solvent circumstances.

I/we hereby indemnify and hold harmless the municipality, its principals, agents, contractors and successors in title against all claims, demands, damages, expenses and legal costs, however caused, arising from the supply, interruption or fluctuation of any services.

I/we hereby choose the street address/stand number specified above as *domicilium citandi et executandi* where I will accept any notices and legal processes to be served.

I/we received a duplicate of this application form and am/are aware of the applicable further conditions of supply set out in the credit control by-law of the Municipality.

CUSTOMER/APPLICANT

Name in print

FOR OFFICE USE:

DEPOSIT RATING

A	B	C
---	---	---

EXISTING ACCOUNT No. _____

ON BEHALF OF MUNICIPALITY

Name in print

DEPOSIT PAYABLE R _____

RECEIPT No. _____

NEW ACCOUNT No. _____

ELECTRICITY READINGS

	METER No.	READINGS
1.		
2.		
3.		

WATER READINGS

	METER No.	READINGS
1.		
2.		
3.		

DATA CAPTURER

FULL NAMES

DATE