



APPLICATION FOR THE SUPPLY OF WATER, REFUSE REMOVAL & SEWERAGE

A. PERSONAL

BUSINESS NAME: _____

APPLICANT'S TITLE & FULL NAME: _____

IDENTITY NUMBER: _____ DATE OF BIRTH: _____

POSTAL ADDRESS: _____ Tel: (W) _____ (H) _____

CELL NO: _____ EMAIL: _____

STREET ADDRESS: _____

MARITAL STATUS: _____

SPOUS'S NAME: _____ SPOUSE'S EMPLOYER: _____

SPOUSE'S TEL (W): _____ (H) _____

CELL NO: _____ EMAIL: _____

B. DETAILS OF EMPLOYMENT

PRESENT EMPLOYER: (name & postal address): _____

_____ TEL NO: _____

STREET ADDRESS: _____ ERF NO: _____ HOUSE NO: _____

c. ADDRESS WHERE CONNECTION IS REQUIRED:

STREET NAME: _____ ERF NO: _____ HOUSE NO: _____

FORMER RESIDENTIAL ADDRESS: _____ HOUSE NO: _____

NAME OF PREVIOUS TENANT: _____

D. DOMICILIUM CITANDI ET EXECUTANDI: _____

THE APPLICANT AGREES THAT THE DOMICILIUM CITANDI ET EXECUTANDI OF THE APPLICAN FOR THE DELIVERY OF ANY DOCUMENTS TO BE AT THE FOLLOWING:

VERY IMPORTANT:

IF THERE ARE MORE THAN ONE WATER METER ON THE ERF MENTIONED BY YOU ABOVE, YOU HAVE TO PROVIDE US WITH THE PARTICULAR METER NUMBER(S) TO WHICH YOU NEED A CONNECTION. IF YOU DO NOT HAVE THIS INFORMATION, THE ENQUIRY OFFICE WILL SELECT ONE FOR YOU FROM OUR RECORDS AND FILL IN THE NUMBER(S) BELOW:

WATER METER NO: 1. _____ 2. _____ 3. _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORECT: DATE: _____

UNDERTAKING:

I, THE ABOVE –MENTIONED APPLICANT, UNDERTAKE TO PAY INTEREST ON ALL ARREAR ACCOUNTS DUE BY ME, CALCULATED ON A MONTHLY BASIS IN THE TOTAL OUTSTANDING AMOUNT.

IN THE EVENT OF THE MUNICIPALITY SHOULD INCL ANY COSTS TO RECOVER ARREAR AMOUNTS DUE BY ME. I UNDERTAKE TO BE RESPONSIBLE FOR SUCH COSTS.

I, THE OWNER OF THE ABOVE-MENTIONED PROPERTY, UNDERTAKE TO PAY ALL OUTSTANDING ACCOUNT, IF TENANT DO NOT SETTLE IN FULL BEFORE APPLY FOR NEW RECONNECTION.

THE APPLICANT WILL INFORM THE MUNICIPALITY IN WRITING OF CHANGES OF INFORMATION ON THIS APPLICATION FORM.

WITNESSES:

1. _____ **APPLICATION / SIGNATURE**

2. _____ **OWNER'S SIGNATURE**

FOR DEPARTMENTAL USE ONLY

DEPOSIT OF WATER: _____

SUNDRY WATER FEES: _____

ACCOUNT NO: _____

METER READING WATER: _____

LINK UP PERFORMED BY: _____

DATE: _____

RECEIPT NO: _____

FINAL INSPECTION OF SWELLING (STRUCTURE AT ERF NO) _____

PERFORMED ON _____ (DATE) _____

SIGNATURE

DESIGNATION

