



Municipal Account Number

MSUNDUZI MUNICIPALITY
#BE PART OF THE SOLUTION – NON INDIVIDUAL

- INSTRUCTIONS**
1. Before signing the form, ensure that all areas are completed.
 2. Ensure that a copy of your ID/ Passport is attached (Certified copies are not required).

Customer Details

Customer Name

Customer Type

☐ Close Corporation (cc) ☐ Private Company ☐ Sole Proprietor ☐ Trust ☐ Listed Company ☐ Other
☐ State Owned ☐ Government ☐ Public benefit Organisation ☐ Body Corporate ☐ Partnership

Registered Name

Trading Name/ dept.
(if different) (forGovt)

Registration Number

Income Tax Number

Vat Registration Number

Registered Address (Physical Address where you agree to accept service of legal documents and processes.
P.O. Box/Private Bag/Cluster Box address will not be accepted)

Unit/ Flat Number

Floor Number

Section Number

Block/ Complex Name

Street Number

Suburb

Street Name

City/ Town

Postal Code

Tick this box if the Domicilium Postal Address is the same as Residential Service Address above? ☐

Contact Details (Please provide at least one contact number that are highlighted in grey)

Home Number

Cell Number

Work Number

Fax Number

E-mail

Signed at _____

I certify that the above information is true and correct.

Date:

Signature: