



Municipal Account Number

MSUNDUZI MUNICIPALITY
#BE PART OF THE SOLUTION - INDIVIDUALS

- 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 (Account Holder)

Title	<input type="text"/>	Initials	<input type="text"/>	Date of Birth	<input type="text"/>
First Name (s)	<input type="text"/>				
Surname	<input type="text"/>				
Proof of Identity	<input type="checkbox"/> ID Book	<input type="checkbox"/> Passport	<input type="checkbox"/> Drivers Licence	Other (Specify)	<input type="text"/>
Identification Number	<input type="text"/>				(Attach a Copy of Identity Document/Passport)

Residential Service Address

Unit/ Flat Number	<input type="text"/>	Floor Number	<input type="text"/>	Section Number	<input type="text"/>
Block/ Complex Name	<input type="text"/>				
Street Number	<input type="text"/>				
Suburb	<input type="text"/>	Street Name	<input type="text"/>		
City/ Town	<input type="text"/>	<input type="text"/>		Postal Code	<input type="text"/>
Tick this box if the Domicilium Postal Address is the same as Residential Service Address above? <input type="checkbox"/>					

Domicilium (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)

Address	<input type="text"/>
	<input type="text"/>

Contact Details (Please provide at least one contact number)

Home Number	<input type="text"/>	Cell Number	<input type="text"/>
Work Number	<input type="text"/>	Fax Number	<input type="text"/>
E-mail	<input type="text"/>		

Signed at _____

I certify that the above information is true and correct.

Date:

Signature: