



Municipal Account Number

MSUNDUZI MUNICIPALITY BLACK FRIDAY 2024 – 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

Service Address

Unit/ Flat Number **Floor Number** **Section Number**

Block/ Complex Name

Street Number

Suburb **Street Name**

City/ Town **Postal Code**

Tick this box if the Registered Address is the same as Service Address above?

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)

Contact Person

Contact Department

Home Number **Cell Number**

Work Number **Fax Number**

E-mail

Tick a preferred Method of Contact

Home
 Work
 Cell
 Email

General

The Municipality provides an easy to use debit order facility where you specify the maximum amount that can be debited to your account. This is a faster method of payment and will reduce the need to stand in queues.

Would you like a Customer Service Representative to contact you with regards to the debit order system? Yes No

Do you receive more than one account? Yes No

If yes, please list account numbers

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
●	<input type="text"/>	●	<input type="text"/>	●	<input type="text"/>

Consent

I, _____, consent to the following:

1. I confirm that all the particulars above are correct.
2. I acknowledge that all that I, will receive a 100% discount on outstanding interest if, I settle the arrear balance, less the outstanding interest (once off payment) between Friday 29 November 2024 and Thursday 05 December 2024
3. I acknowledge that all that I, will receive a 50% discount on outstanding interest if, I enter into a payment arrangement to settle the balance less outstanding interest between Friday 29 November 2024 and Thursday 05 December 2024.
4. I undertake the responsibility to make payment of my current account as well as the arrears portion due (payment plan) on or before its due date for the next 6 months.
5. I acknowledge that the Black Friday Special is subject to the approval of the City Manager and will only be applied to the account after payment of the full payable portion has been made and approval granted.
6. I acknowledge that the Black Friday Special is not applicable to properties that are being sold or transferred in the next six (6) months

Signed at _____

I certify that the above information is true and correct.

Date:

Signature: