



Municipal Account Number

MSUNDUZI MUNICIPALITY BLACK FRIDAY 2024 - 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"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
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)

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"/>

Postal Address (If different from residential address)

Address	<input type="text"/>					
	<input type="text"/>					
Suburb	<input type="text"/>					
City/ Town	<input type="text"/>	<input type="text"/>			Postal Code	<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"/>		

Tick a preferred Method of Contact

<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Cell	<input type="checkbox"/> Email
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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 stated above are correct and true.
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 12 months.
5. I acknowledge that the Black Friday Discount 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 Discount 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: