



MSUNDUZI MUNICIPALITY CUSTOMER INFORMATION VERIFICATION – 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 (Account Hold	ler)							
Title	lı	nitials					Da	te of Birth	
First Name (s)									
Surname									
Proof of Identity	ID Book	Pas	sport	Driver	s Licence	Othe	r (Spec	ify)	
Gender	Male	Fem	nale						
Identification Number						(Atta	ich a Co	ppy of Identity I	Document/Passport)
Residential Service	Address								
Unit/ Flat Number		Floo	or Number				Se	ction Number	
Block/ Complex Name									
Street Number									
Suburb		Str	reet Name						
City/ Town							P	ostal Code	
Tick this box if the Dor	nicilium Postal	Address is t	the same as R	esident	ial Service	Addre	ss abov	/e?	
Domicilium (Physical Add P.O. Box/Priv	lress where you ag	ree to accept se	ervice of legal do	cuments	and processe	s.			
Unit/ Flat Number	ate bag/oluster bo.		or Number	[Se	ction Number	
Block/ Complex Name									
Street Number									
Suburb		Str	reet Name						
City/ Town								Postal Code	
Postal Address (If	different from re	esidential ad	ldress)						
Address									
Suburb City/ Town								Postal Code	
City/ Town								rostal code	
Contact Details (Ple	ase provide at	least one co	ntact number)					
Home Number					Cell Nu	mber			
Work Number					Fax Nur	nber			
E-mail									
Tick a preferred Method of Contact	Home	Work (Cell Er	mail					

Owner	Details	(If owner	is dec	eased, plea	se pr	ovide	e details	of Exec	utor)									CIRI1
	the owner		Yes	No	if N o	o , plea	ase provid	de the rat e	es accou	nt numbe	er of t	he pro	perty:					
of the pro	operty?	Owner or	Agents	Name	**PI	ease	list all ow	ners of the	e property	,		Owi	ner ID/ Pass	sport Num	ber/ R	Registra	ition Nur	nber
Owner 1 Owner 2 Owner 3 Owner 4 Owner 5	! 																	
Please Note: *1 Owner 1 must be the person or company responsible for the account. **2. If more than 6 owners, please compile separate schedule and attach. ***3. If you rent from an Agency, please fill in the Agency details. ****4. If you are not the owner, please add Owner or Agency address on a separate sheet.																		
Additio	onal Info	rmation																
Next of	Kin (not liv	ing in the s	ame ho	usehold)														
Name	[
Relation Address	· L																	
Contact	'																	
Number/s	1.						Home	Work	Cell	Fax	2.					Home	Work	Cell
Genera	al .																	
The Msunduzi 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																		
		re than one		nt?												Yes	N	
1 [2							3						
4					5							6						
Would you prefer a consolidated account?																		
I certify that the above information is true and correct:																		
Date:							Signa	ture:										
CHECKLIST (office use only)																		
	1. All	Shaded are	as con	plete		2. Coj	oy of ID/	Passport	attached		3	. Auth	orised sig	nature ce	rtifyir	ng info	rmation	



MSUNDUZI MUNICIPALITY CUSTOMER INFORMATION VERIFICATION – NON INDIVIDUAL

INSTRUCTIONS

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

Cus	tomer Details			
Customer Name				
Customer Type	Close Corporation (cc) Private Company	Sole Proprietor	Trust	isted 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 Reg	stered Address is the same as Service Ad	ldress above?		
Registered Address	(Physical Address where you agree to accept serv P.O. Box/Private Bag/Cluster Box address will not		sses.	
Unit/ Flat Number	Floor Number		Section Number	
Block/ Complex Name				
Street Number				
Suburb	Street Name			
City/ Town			Postal Code	
Tick this box if the Don	icilium Postal Address is the same as Res	sidential Service Address al	bove?	
Contact Details (Plea	se provide at least one contact number that ar	e 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 Ema	ail		

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Property Owner Details (if owner is deceased, ple	ease provide details of Executor)							
	p, please provide the rates account number of the property:							
owner of the property?	ease list all owners of the property Owner ID/ Passport Number/ Registration Number							
Owner 1*	Switch 157 T dasport Number/ Registration Number							
Owner 2								
Owner 3								
Owner 4								
Owner 5								
Owner 6								
	esponsible for the account. **2. If more than 6 owners, please compile separate schedule and attach. etails. ****4. If you are not the owner, please add Owner or Agency address on a separate sheet.							
Business Ownership Details								
For Trust, Close Corporations and Private Companies, with more than 4, a minimum of 4 Trustees/ Members/ Directors must be provided. PLEASE NOTE: 1. Copies of ID/ Passports of Trustees/ Members/ Directors must be attached. 2. Must supply at least Founding Statement, Certification of Incorporation/ Trust.								
Trustee/ Member/ Director Name	Owner ID/ Passport Number							
1								
2								
3								
4								
-								
5 6								
Attached Document/s : ID Passport	Founding Statements Certification of Incorporation Authorisation for Trust							
Attached Bootaments	Tourising statements certaincation of meetpotation Authorisation for must							
General								
The Msunduzi Municipality provides an easy to use de	ebit 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								
Would you like a Customer Service Representative	e to contact you with regards to the debit order system? Yes No							
Do you receive more than one account? If yes, please list account numbers	Yes No							
1 2	3							
4 5	6							
Would you prefer a consolidated account?	Yes No							
I certify that the above information is true and correct.								
Date	Signatura							
Date:	Signature:							
CHECKLIST (office use only)								
1. All Shaded areas complete 2	2. Copy of ID/ Passport attached 3. Authorised signature certifying information							

Proper	rty Own	er Details (if owner is dece	ased, please provide deta	ils of Executor)						i
Are you to	he owner	Yes No	if No , please provide	he rates account number	r of the property:					
or the pro	perty?	Owner or Agent Name	**Please list all owner	s of the property	Owner ID/ F	Passport Nu	umber/ Regis	tration Nu	ımber	
Owner 1	1*								1	
Owner 2									1	
Owner 3									1	
Owner 4									1	
Owner 5									1	
Owner 6									1	
***3. If yo	ou rent fron	Owner 1 must be the person or on an Agency, please fill in the Agency			•	-	•			
		Corporations and Private Cor	nnanies with more that	1 4 a minimum of 4 Trus	stees/ Members/	Directors	must be pro	vided		
PLEASE		1. COPIES OF ID/ PASSPORTS 2. MUST SUPPLY AT LEAST F	OF TRUSTEES/ MEMBERS	6/ DIRECTORS MUST BE AT	TACHED.	Directors	must be pre	vidou.		
	Truste	e/ Member/ Director Nan	ie .	Owner ID/ P	assport Numb	er				
1										
2										
3										
4										
5										
6										
Attached	d Docume	nt/s : D Passp	ort Founding	Statements Cert	tification of Incorp	poration	Autho	risation t	for Trus	st
Genera	al									
This is a	faster me	provides an easy to use debi ethod of payment and will red Customer Service Repres	luce the need to stand	in queues.			I to your acc		No	
		<u> </u>								
		ore than one account? ecount numbers					Ye	s I	No	
1			2		3					
4			5		6					
	ou prefe	r a consolidated account?					Ye	s I	No	_
	/ that the	e above information is tr								
Date:			Sigi	nature:						
CHECK	(LIST (o	ffice use only)								
	Ì	•	\square		7					1
	1. All	Shaded areas complete	2. Copy of ID/ Pas	enort attached	3. Authorised	eignature	cortifying in	formatio	n X	