

Municipal Account Number

**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 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"/>			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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**Owner Details (If owner is deceased, please provide details of Executor)**

Are you the owner of the property?

☐

Yes

☐

No

if No, please provide the rates account number of the property:

Owner or Agents Name

\*\*Please list all owners of the property

Owner ID/ Passport Number/ Registration Number

Owner 1\*

Owner 2

Owner 3

Owner 4

Owner 5

Owner 6

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.

**Additional Information**

Next of Kin (not living in the same household)

Name

Relationship

Address

Contact

Number/s 1.

Home

Work

Cell

Fax

2.

Home

Work

Cell

**General**

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

Do you receive more than one account?

☐

Yes

☐

No

If yes, please list account numbers

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:

Signature:

**CHECKLIST (office use only)**

1. All Shaded areas complete

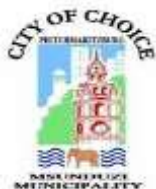
☐

2. Copy of ID/ Passport attached

☐

3. Authorised signature certifying information

☐



**Municipal Account Number**

**MSUNDUZI MUNICIPALITY**  
**CUSTOMER INFORMATION VERIFICATION – 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

**Property Owner Details** (if owner is deceased, please provide details of Executor)

is the account holder the ☐ Yes ☐ No if No, please provide the **rates account number** of the property:

	Owner or Agent Name	**Please list all owners of the property	Owner ID/ Passport Number/ Registration Number
Owner 1*			
Owner 2			
Owner 3			
Owner 4			
Owner 5			
Owner 6			

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.

**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

**General**

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

Do you receive more than one account? ☐ Yes ☐ No  
If yes, please list account numbers

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:  Signature:

**CHECKLIST (office use only)**

1. All Shaded areas complete ☐ 2. Copy of ID/ Passport attached ☐ 3. Authorised signature certifying information ☐

**Property Owner Details** (if owner is **deceased**, please provide details of Executor)Are you the owner  
of the property?☐

Yes

☐

No

if **No**, please provide the **rates account number** of the property:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Owner or Agent Name

\*\*Please list all owners of the property

Owner ID/ Passport Number/ Registration Number

**Owner 1\***

Owner 2

Owner 3

Owner 4

Owner 5

Owner 6

**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.  
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**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**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

2

3

4

5

6

**Would you prefer a consolidated account?**☐

Yes

☐

No

**I certify that the above information is true and correct.****Date:****Signature:****CHECKLIST (office use only)**

1. All Shaded areas complete

☒

2. Copy of ID/ Passport attached

☒

3. Authorised signature certifying information

☒