



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	<input type="checkbox"/> Close Corporation (cc) <input type="checkbox"/> Private Company <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Listed Company <input type="checkbox"/> Other <input type="checkbox"/> State Owned <input type="checkbox"/> Government <input type="checkbox"/> Public benefit Organisation <input type="checkbox"/> Body Corporate <input type="checkbox"/> Partnership
Registered Name	
Trading Name/ dept. <small>(if different) (forGovt)</small>	
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 <small>(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)</small>

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 <small>(Please provide at least one contact number that are highlighted in grey)</small>

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 owner of the property? 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*	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 4	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 5	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner 6	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>

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?

If yes, please list account numbers

Yes No

1	<input type="text"/>	2	<input type="text"/>	3	<input type="text"/>
4	<input type="text"/>	5	<input type="text"/>	6	<input type="text"/>

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

