



Municipal Account Number

**MSUNDUZI MUNICIPALITY  
CUSTOMER REPRESENTATION FORM IN RESPECT OF  
INTENDED DISCONNECTION/RESTRICTION OF MUNICIPAL SERVICES**

**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**).
3. Please note that the onus is upon you to fully motivate this representation. You are advised that the Municipality will make a decision having applied its mind to any relevant consideration contained therein.
4. Please note that the person who signs this form warrants, to the extent necessary, his/her complete authority and legal standing to submit this representation where it is submitted in any representative capacity. The onus is and shall remain upon the signatory to obtain any required consent, legal standing, mandate or authority to complete and submit this form. Whoever is represented by the signatory to this representation form shall be bound by the contents thereof and the decision made by the Municipality as a result thereof. Please ensure that you describe the capacity in which you make this representation accurately.
5. Submissions of this form together with all supporting information can be via email – [disconnection@msunduzi.gov.za](mailto:disconnection@msunduzi.gov.za) or submitted at Ground Floor, 333 Church Street, Customer Care – Counter 28

**Applicants Details**

Title  Initials  Date of Birth

First Name (s)

Surname

Proof of Identity  ID Book  Passport  Drivers Licence  Other (Specify)

Landlord  Tenant  Other

Identification Number  (Attach a Copy of Identity Document/Passport)

**Applicants Details (if business)**

Customer Name

Registered Name

Trading Name/ dept.   
(if different) (forGovt)

Registration Number

Income Tax Number

Vat Registration Number

**Business Ownership Details**

**PLEASE NOTE:** 1. COPIES OF ID/ PASSPORTS OF TRUSTEES/ MEMBERS/ DIRECTORS MUST BE ATTACHED.  
2. MUST SUPPLY AT LEAST FOUNDING STATEMENT, CERTIFICATION OF INCORPORATION/ AUTHORISATION 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"/>

**Domicilium Postal Address (Please note P.O. Box/Private Bag/Cluster Box will not be accepted)**

Address

Suburb

City/ Town  Postal Code

**Property Address**

Unit/ Flat Number		Floor Number		Section Number	
Block/ Complex Name					
Street Number		Ward Number		Property Erf	
Suburb		Street Name			

**Contact Details (Please provide at least one contact number )**

Contact No		Alternate Contact No	
E-mail			

<b>Details of Account Dispute</b>	<b>Monetary Value of Dispute</b>	
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Disputed Water Meter Readings	<input type="checkbox"/>	Disputed Electricity Meter Readings	<input type="checkbox"/>	Disputed Rates Charges	<input type="checkbox"/>
Disputed Refuse Billing	<input type="checkbox"/>	Disputed Sewer Billing	<input type="checkbox"/>	Disputed Other Charges/Billing	<input type="checkbox"/>

Please provide detailed reasons why the intended disconnection of electricity and /or restriction of water by the Msunduzi Municipality must not proceed. Please attach any supporting documents you wish the Municipality to consider in support of your representation.

**CAPACITY AND FULL NAMES OF SIGNATORY, WHO HEREBY WARRANTS HIS/HER AUTHORITY TO COMPLETE AND SUBMIT THIS REPRESENTATION FORM.**

Capacity:		Full Names:	
Date:		Signature:	

<b>FOR OFFICE USE ONLY - CHECKLIST</b>					
1. All Shaded areas complete	<input type="checkbox"/>	2. Copy of ID/ Passport attached	<input type="checkbox"/>	3. Authorised signature certifying information	<input type="checkbox"/>
4. Application Approved	<input type="checkbox"/>	5. Application Rejected	<input type="checkbox"/>	6. Application Referred to Customer	<input type="checkbox"/>
7. Reasons for Rejection:					