



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.
5. Submissions of this form together with all supporting information can be via email - 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, 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.

Table with 2 columns: Trustee/ Member/ Director Name, Owner ID/ Passport Number. Rows 1-4.

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:					