



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	<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"/>
	<input type="checkbox"/> Landlord	<input type="checkbox"/> Tenant	<input type="checkbox"/> Other		
Identification Number	<input type="text"/>			(Attach a Copy of Identity Document/Passport)	

**Applicants Details (if business)**

Customer Name	<input type="text"/>
Registered Name	<input type="text"/>
Trading Name/ dept. (if different) (forGovt)	<input type="text"/>
Registration Number	<input type="text"/>
Income Tax Number	<input type="text"/>
Vat Registration Number	<input type="text"/>

**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	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Suburb City/ Town	<input type="text"/>	Postal Code	<input type="text"/>

**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

**Details of Account Dispute****Monetary Value of Dispute**

Disputed Water Meter Readings

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Disputed Electricity Meter Readings

☐

Disputed Rates Charges

☐

Disputed Refuse Billing

☐

Disputed Sewer Billing

☐

Disputed Other Charges/Billing

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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:

**FOR OFFICE USE ONLY - CHECKLIST**

1. All Shaded areas complete

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2. Copy of ID/ Passport attached

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3. Authorised signature certifying information

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4. Application Approved

☐

5. Application Rejected

☐

6. Application Referred to Customer

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7. Reasons for Rejection: