



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.

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"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female			
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/ 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"/>

Attached Document/s: ☐ ID ☐ Passport ☐ Founding Statements ☐ Certification of Incorporation ☐ Authorisation for Trust

Preferred Method of Contact ☐ Post ☐ Cell ☐ Email

PLEASE NOTE THAT THE OUTCOME OF YOUR REPRESENTATIONS WILL BE SENT BY DATA MESSAGE OR EMAIL TO THE CONTACT DETAILS PROVIDED ABOVE.

Postal Address (If different from residential address)

Address

Suburb

City/ Town

Postal Code

Property Address

Unit/ Flat Number

Floor Number

Section Number

Block/ Complex Name

Street Number

Suburb

Street Name

Contact Details (Please provide at least one contact number)

Contact No

Alternate Contact No

E-mail

Details of Account Dispute

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:

CHECKLIST (office use only)

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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