



MSUNDUZI MUNICIPALITY

DOMESTIC STAGE 1 AMNESTY/DISCOUNT/INDIGENT APPLICATION FORM

REFERENCE NUMBER ISSUED
FOR OFFICE USE ONLY
MUNIC ACCOUNT NUMBER

INSTRUCTIONS: 1. Before signing the form, ensure that all areas are completed & relevant boxes ticked.

Customer Details (Account Holder)

Title Initials Date of Birth DAY / MONTH / YEAR

First Name (s)

Surname

Gender Male Female

Identification Number Landlord Tenant Other

Physical Service Address – Address where the Amnesty/Discount/Indigent is Applied for

Unit/ Flat Number Floor Number Ward Number

Block/ Complex Name

Street Number Street Name

Suburb Postal Code Property ERF

Tick this box if the Domicilium Postal Address is the same as Residential Service Address above?

Domicilium (Physical Address where you agree to accept service of legal documents and processes. Please Note: P.O. Box/Private Bag/Cluster Box address will NOT BE ACCEPTED)

Unit/ Flat Number Floor Number Section Number

Block/ Complex Name

Street Number

Suburb Street Name

Postal Code Ward Number Property ERF

Applicant's Contact Details (Reference No. will be sent to you by SMS or email - Please provide email or at least 1 cell-phone)

Home Tel Number Applicant's Cell No:

Work Tel Number Alternative Cell No:

Applicant's E-mail

Tick a preferred Method of Receiving Reference Number Cell 1 Cell 2 Email

PURPOSE OF APPLICATION

AMNESTY	DISCOUNT	INDIGENTAPPLICATION
<input type="checkbox"/> Tampered Electricity Meter	<input type="checkbox"/> Interest Discount	<input type="checkbox"/> Application to be declared
<input type="checkbox"/> Tampered/ Different Electricity MCB	<input type="checkbox"/> Services Discount	<input type="checkbox"/> Indigent
<input type="checkbox"/> Direct Electricity Connection		
<input type="checkbox"/> Electricity is Not Billed		
<input type="checkbox"/> Any Other, Specify		

Signature.....

Date...../...../201.....