



**Municipal Account Number**

**MSUNDUZI MUNICIPALITY  
RATES OBJECTION PAYMENT PLAN - INDIVIDUALS**

- 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).

**Customer Details ( Account Holder )**

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)

**Residential Service Address**

Unit/ Flat Number	<input type="text"/>	Floor Number	<input type="text"/>	Section Number	<input type="text"/>
Block/ Complex Name	<input type="text"/>				
Street Number	<input type="text"/>				
Suburb	<input type="text"/>	Street Name	<input type="text"/>		
City/ Town	<input type="text"/>	<input type="text"/>	Postal Code	<input type="text"/>	
Tick this box if the Domicilium Postal Address is the same as Residential Service Address above? <input type="checkbox"/>					

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

Unit/ Flat Number	<input type="text"/>	Floor Number	<input type="text"/>	Section Number	<input type="text"/>
Block/ Complex Name	<input type="text"/>				
Street Number	<input type="text"/>				
Suburb	<input type="text"/>	Street Name	<input type="text"/>		
City/ Town	<input type="text"/>	<input type="text"/>	Postal Code	<input type="text"/>	

**Postal Address (if different from residential address)**

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

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

Home Number	<input type="text"/>	Cell Number	<input type="text"/>
Work Number	<input type="text"/>	Fax Number	<input type="text"/>
E-mail	<input type="text"/>		

Tick a preferred  
Method of Contact

Home

Work

Cell

Email

## General

The Municipality provides an easy to use debit order facility where you specify the maximum amount that can be debited to your account. This is a faster method of payment and will reduce the need to stand in queues.

Would you like a Customer Service Representative to contact you with regards to the debit order system?

Yes

No

Do you receive more than one account?

Yes

No

If yes, please list account numbers

1

2

3

4

5

6

Rates Objection Reference Number

## Consent

I, \_\_\_\_\_, consent to the following:

1. The Property Owner, completes an application form and provides proof that an official objection was made to the market related property value.
2. The Property Owner, must pay the rates billed on 15 June 2024 or 30 June 2024, together with an 20% increase for the months of July 2024, August 2024, September 2024, October 2024 and November 2024. This applies to the rates only portion of the account. The balance of the account must be paid in full.
3. The above applies only to rates billed from 15 July 2024 to 30 November 2024, any brought forward balances will not be subject to this special payment arrangements.
4. Any applicant taking part in the above process, that does not pay the 15 June 2024 or 30 June 2024 rates, together with a 20% increase, in full, will be subject to disconnection/restriction of supply.
5. Any short payment of services billed for the period, 15 July 2024 to 30 November 2024, will be subject to disconnection/restriction of supply for non/short payment.
6. The Revenue department will maintain a register of all applicants and individually monitor all applicants to confirm payments are being made on or before the due date.
7. All these payment arrangements will expire on 31 December 2024

Rates Billed June 2024 R \_\_\_\_\_ Rates Billed July 2024 R \_\_\_\_\_ Rates Payment Due R \_\_\_\_\_

I certify that the above information is true and correct.

Date:

Signature:

