

CAPE AGULHAS MUNICIPALITY

APPLICATION FOR A NEW ACCOUNT

APPLICATION TO: (Mark with X in the relevant space)

Electricity (Number of Amps _____)

Water supply

**THE REQUESTED SERVICES WILL ONLY BE SUPPLIED
AFTER PAYMENT OF THE RELEVANT PRESCRIBED FEE**

Electricity deposit	-	R.....
Water deposit	-	R.....
Connection Fee	-	R.....
TOTAL	-	<u>R.....</u>

1. STATUS OWNER LESSEE
2. ARE YOU INSOLVENT OR UNDER ADMINISTRATION: YES NO
3. TITLE:
4. FULL NAME OF APPLICANT:
5. INITIALS & SURNAME:
6. ID NUMBER:
7. POSTAL ADDRESS:
8. RESIDENTIAL ADDRESS:
9. WORK ADDRESS:
10. E-MAIL:
11. PREMISES/SITE WHERE SERVICES ARE NEEDED: (supply street name and number)
.....
12. ERF NUMBER: TOWN:
13. TEL (w) CELL
- (h) FAX
14. DATE ON WHICH SERVICES ARE REQUIRED:
15. PREVIOUS RESIDENTIAL ADDRESS:
16. NAME OF OWNER OF PREMISES:
(attach written consent of the owner)
17. PAYMENT PER DEBIT ORDER: YES NO
18. ACCOUNT NUMBER:

I, THE UNDERSIGNED APPLICANT, HEREBY DECLARE:

- (a) That the information supplied above, are to the best of my knowledge, true and correct.
- (b) That I am familiar with the content and prescriptions of the Council's regulations and conditions for the supply of the above-mentioned services and that I accept and undertake to adhere to said conditions and regulations.
- (c) I further agree that, in the event of Council instituting any legal proceedings to recover any outstanding amount owned by me, personally, Council will in terms of this application, be entitled to hold me responsible for all legal costs incurred, at any attorney-client scale, including a collection commission.

SIGNATURE:

DATE: