

MUNICIPALITY OF OTJIWARONGO**APPLICATION FOR SERVICES**

Previous Consumer Account No.:

Book No:

Current Consumer Account No.:

Route No:

ACCOUNT NAME	
SURNAME	
TITLE AND FULL NAME	
ID NUMBER AND TYPE	
COMPANY NAME:	
COMPANY REGISTRATION NUMBER	
ERF NUMBER	
AREA/EXTENTION	
POSTAL ADDRESS:	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
CONNECTION ADDRESS:	
PREVIOUS RESIDENTIAL ADDRESS	
PRESENT EMPLOYER	
EMPLOYER TELEPHONE NUMBER	
CONTACT PERSON:	
BANK NAME:	
BRANCH:	
BANK ACCOUNT NUMBER	
TYPE OF ACCOUNT	

MARK SERVICES REQUIRED

NEW PRE PAY CONNECTION OWNER	PRE PAY CONNECTION OWNER	REPLACEMENT WITH PRE PAY METER
CONNECTION OWNER	CONNECTION NON-OWNER	
CONNECTION DATE and TIME		

Connection will be done during office hours and premises should be accessible to Municipal officials

DATE	
SIGNATURE	
NAME IN PRINT	

The following should accompanied the application :**1.Copy of identification****2. Proof of ownership (Deed of transfer / Title deed)****NB!! Connection will be done during office hours and premises should be accessible to municipal officials.****An account will not be opened if the rates & taxes of the owner's account are in arrears**

CASHIER

RECEIPT NUMBER		
AMOUNT PAID		

TECHNICAL SUPERVISOR

METER NUMBER		
READING		

CREDIT SUPERVISOR

APPLICATION APPROVED		
APPLICATION REJECTED		