

THEMBISILE HANI LOCAL MUNICIPALITY
PRIVATE BAG X4041
EMPUMALANGA
0458

TEL: 013 986 9100 FAX NO. 013 986 0995 www.thembisilehanilm.gov.za

## UPDATING INFORMATION FOR MUNICIPAL ACCOUNT PLEASE COMPLETE THE FORM

FULL NAME & SURNAME	
ID NUMBER	
	GENDER MALE FEMALE
PHYSICAL ADDRESS	
FITTSICAL ADDICESS	ERF NO
	POSTAL CODE
WATER ACCOUNT	
EMAIL ADDRESS	
CELLPHONE NUMBER	
CELLPHONE NUMBER 2	
DECLERATION BY OWNER/OCCUP	
I, the undersigned,	,do hereby declare that I am the <u>Owner/Occupier/</u>
Family member of the above men knowledge, true, and correct.	tioned property address. I further declare that all the information supplied is to the best of my
SIGNATURE OF OWNER/OCCUPAN	NT/FAMILY MEMBERPRINT FULL NAME:
Signed on this day	of month Year Year

NOTE: THIS D	OCUMENT MUST BE ACCOMPANIED BY THE FOLLOWING:-
CERTIFIED COPY OF ID(S)	
(COPY) DEATH CERTIFICAT	ГЕ
(COPY) LETTER OF AUTHO	RITY (FROM MAGISTRATE COURT)
(COPY) DEEDS OF GRANT	
PTO FROM TRIBAL OFFICE	FAMILY CONCERN LETTER
	FOR OFFIC USE ONLY
RECEIVED BY:	DATE:
CATURED BY :	DATE: