

THEMBISILE HANI LOCAL MUNICIPALITY



ACCOUNT AND SERVICES APPLICATION

New Account Number (For Office)

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APPLICATION FOR

RESIDENTIAL		BUSINESS		Government Department	
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PART A: PERSONAL PARTICULARS

Surname		Initials		Title	
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Name(s) in full (as ID)	
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Identity/Passport number																		Age	
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Employer		Telephone Number	
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Work Address		Contact Person at work	
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Cell Number		Email	
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MARITAL STATUS

Single	Widow	Widower	Divorced	Customary Law Marriage	Married in community of property	Married out of community of property
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Postal Address	
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Postal Code	
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You are the	Owner	Tenant	Family Member	
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Occupation Date(date moved into property)	
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PART B: ACCOUNT PARTICULARS

APPLICATION FOR	WATER	SANITATION	REFUSE REMOVAL
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PREMISES:**HOUSES ONLY**

Area		Stand No.	
Street Name		Code	

FLATS/ROOMS ONLY

Area		Flats/Rooms Name	
Street Name		Flat/Room Number	

PLOTS ONLY

Plot Owner		Area	
Plot Number		Registration No.	

Official physical address of the applicant(only if it differs from the service address of the premises)	
Previous Residential Address	

BUSINESS ONLY

Name of Business		Area	
Address		Registration No.	

PART C: REFERENCES (ALSO APPLICABLE TO IMMIGRANTS)

Spouse: Name in full(as ID)	
Identity/passport Number	
Employer and Contact	
Residential	

Reference (Relatives not living at the same address)	1	2
Name and Surname		
Residential Address		
Contact number		
Relationship		

NB: The following documents must accompany this application.

- 1. Applicant ID copy(Certified)
- 2. Letter Permission To Occupy from Tribal Office
- 3. Zonal Map
- 4. Affidavit

PART D: DECLARATION

- 1. I declare that the information furnished on this application is true and correct.
- 2. I accept the conditions set out in the By-law and regulations for the control of services as amended from time to time
- 3. I accept liability for any outstanding amounts in my account.
- 4. I accept that payments made by me will be allocated to outstanding balance in my account
- 5. I accept responsibility for ensuring that meter readers have access to the meters or alternatively, I will arrange with the Municipality.
- 6. I declare that I will honor my monthly payment for my services.

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SIGNATURE OF APPLICANT

DATE

.....

FOR OFFICE USE ONLY

APPLICATION APPROVED

YES		NO	
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Reason if not approved

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Assistant Manager (Revenue)

Date

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Accountant (Billing)

Date

.....

.....

Captured by

Date

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THEMBISILE HANI LOCAL MUNICIPALITY



INDIGENT APPLICATION FORM

2023-2024

SECTION A: DEMOGRAPHIC INFORMATION											
01	Household Surname										
02	Household Name(s)										
03	Household ID										
04	Is household head a Pensioner	YES		NO		Is the household head a disable person	YES		NO		
05	Household Income										
06	Ward					Stand No.					
07	Residential					Municipal Account No.					
08	Do you have rentals	YES					NO				
09	Do you have business	YES					NO				
10	Contact Numbers of Applicant										
11	Number of household members										
12	Signature										

RECOMMENDATION BY WARD COUNCILLOR	
<hr/> <hr/> <hr/>	
Signature_____Ward_____Date_____	

SECTION F: OFFICE USE		
RECOMMENDATION BY INSPECTING OFFICER		

Name	Signature.....	Date.....

DECISION BY INDIGENT COMMITTEE:	
This application is approved/ disapproved as an indigent debtor	
If the application is disapproved, Comment	

Signature: CFO _____	Date _____
Signature: Municipal Manager _____	Date _____

REQUIRED ATTACHMENTS

1. ID COPIES OF ALL HOUSEHOLD MEMBERS ABOVE 18 YEARS
2. USED ESKOM SLIP
3. ELECTRICITY POLE NUMBER
4. PAY SLIP OR PROOF OF INCOME
5. SIGNATURE OF COUNCILOR
6. SIGNATURE OF POLICE OFFICER
7. MUNICIPAL ACCOUNT NUMBER

AFFIDAVIT IN RESPECT OF REGISTRATION AS AN INDIGENT

NB: This form should be signed in front of a person qualified to serve as Commissioner of Oath

I the undersigned (Full Names)

ID No.....

Residing at hereby
make an oath

State that

The facts herein contained are best of my knowledge and belief, true and correct.

The total income of my household per month is R..... which is below the threshold of R1860.00 (one old age state grant) as determined by my Municipality to qualify to receive free benefits as an indigent.

My household does not receive income from any other source

I agree that Thembisile Hani Municipality can use third parties i.e. SARS and other stakeholders to verify my income status and personal information.

I am aware that telling lies under oath is perjury which is a criminal offence for which I could be convicted.

Signature of Applicant

I certify that the applicant acknowledge that he/she knew and understood the contents hereof and that I duly administered the oath as prescribed in Regulation No. R1258 of 21 July 1972 and that the applicant in my presence

Signed this affidavit at on thisday of Year.....

Before me.

COMMISSIONER OF OATH

Full names _____

Designation _____

**FBE CUSTOMER REGISTRATION FORM****Municipality: Thembisile Hani Local Municipality**

NB: This registration must be completed by the legal occupier of the dwelling, and must be an existing Eskom customer who has a legal Eskom electricity supply. The identity number and documents must belong to the applicant

Customer Details:

1. Title: 2. Initials:

3. Surname:

4. First Name(s)

5. Identity Number

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**ATTACH LATEST
USED TOKEN
HERE**

6. Stand/Lot Number: 7. Township/Area:

8. Pole Number:

9. Meter Number

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10. Vending station where FBE token will be collected:

11. Street Address:

..... Postal Code:

12. Tel. No. H () W () Cell.....

NOTE: This documents must be accompanied by the following:-

- ☐ **Certified copy of ID(s)**
- ☐ **(Copy) Death certificate**
- ☐ **(Copy) letter of Authority (from Magistrate court)**
- ☐ **(Copy) Deed of grant**
- ☐ **PTO from tribal office** ☐ **Family Concern letter**

FOR OFFICE USE ONLY

RECEIVED BY: _____ **DATE:** _____

CAPTURED BY: _____ **DATE:** _____