



# Oranjemund Town Council

C/o 8th and 12th Avenue, Box 178, Oranjemund | Tel: +264 63 233 500 Fax: +264 63 233501

## ACCOUNTANT – DEBTORS 4/13/2

### APPLICATION FOR NEW CONNECTION OF SERVICES

Name (s): .....	ID No:.....
Postal address:.....	Contact:.....
Email:.....	Reference:.....

Company Name:.....	Reg No.....
Proxy:.....	ID No .....
Postal add:.....	Contact:.....
Email:.....	Reference:.....

Erf Number:....	Extension:.....
Unit No.:.....	Meter No:.....

Description of service (tick relevant box):

Water	<input type="checkbox"/>
Sewerage	<input type="checkbox"/>
Electricity	<input type="checkbox"/>

**NB: attach certified copy of ID, Founding statement of company etc....**

Applicant signature:.....	Date:.....
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#### **FOR OFFICE USE**

Disconnection fee:.....	Receipt No.:.....
Date:.....	
Outstanding balance:.....	

#### **APPROVED/NOT APPROVED**

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.....

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Date stamp

**CHIEF EXECUTIVE OFFICER**