



## APPLICATION TO BE REGISTERED AS INDIGENT

### NOTE:

1. The application should be completed by a person responsible for the payment of the account
2. The household's joint income should be less than two (2) state pensions.
3. Copies of Municipal accounts, identification documents, pension certificates where applicable and proof of income must be attached to the application form.
4. Attached documents not be older than 3 months during the date of application.
5. The applicant or stand owner must be residing personally on the property.
6. If unemployed an affidavit from the Commissioner of Oath must be attached to the application form.

Date of Application	
Municipal Account Number	
Electricity Meter Number	

### PERSONAL PARTICULARS

Surname	
First Name	
Date of Birth	
Age	
Marital Status	
Identity Number	
Telephone Number (h) (c)	
Telephone Number (w)	

### RESIDENTIAL ADDRESS

Address	
Ward Number	
Ward Councillor	

### EMPLOYMENT INFORMATION

Name of Employer	
Address of Employer	
Telephone Number	
Monthly Gross Income	

**EMPLOYMENT INFORMATION FOR OTHER HOUSEHOL MEMBERS OVER 18 YEARS**

Name of Employer	
Address of Employer	
Telephone Number	
Monthly Gross Income	

**EMPLOYMENT INFORMATION FOR OTHER HOUSEHOL MEMBERS OVER 18 YEARS**

Name of Employer	
Address of Employer	
Telephone Number	
Monthly Gross Income	

**EMPLOYMENT INFORMATION FOR OTHER HOUSEHOL MEMBERS OVER 18 YEARS**

Name of Employer	
Address of Employer	
Telephone Number	
Monthly Gross Income	

**EMPLOYMENT INFORMATION FOR OTHER HOUSEHOL MEMBERS OVER 18 YEARS**

Name of Employer	
Address of Employer	
Telephone Number	
Monthly Gross Income	

**DECLARATION**

I, \_\_\_\_\_ the undersigned, hereby declare that the information provided above, is to the best of my knowledge true and current and further acknowledge that:

1. This application for registration is subject to the council approval and/or whoever is authorized to do so.
2. I acknowledge outstanding amount/s if any owing to the council on account number \_\_\_\_\_ and accept that it remains my obligation to settle it.
3. I must pay all future service consumption and if I fail, the normal credit control policy measures will be applicable to me.

4. This information is public and may be given to all interested parties in both public and private sectors including provincial and national government.
5. If it is discovered that I have mis-informed the council, I will be liable to penalties as stipulated by the council.

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Witness**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**Evaluation/Analysis and /or Comments by Ward Councillor**

\_\_\_\_\_  
Signature of Ward Councillor

\_\_\_\_\_  
Date

**Comments by Municipal/Unit Manager**

\_\_\_\_\_  
Approval by Municipal/Unit Manager

\_\_\_\_\_  
Processed by Finance

\_\_\_\_\_  
Date