

APPLICATION FOR THE INSTALLATION WATER MANAGEMENT DEVICE

SERVICE LOCATION	
Premises address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> erf No: <input style="width: 100px;" type="text"/>	Postal Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> Previous Address: <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
<input type="checkbox"/> INDIGENT <input type="checkbox"/> WATER REBATE <input type="checkbox"/> NEW CONNECTION <input type="checkbox"/> CHANGE CONVENTIONAL METER	
BUSINESS PARTNER DETAILS	
Business Partner Number <input style="width: 100%; height: 20px;" type="text"/> Contact Account Number <input style="width: 100%; height: 20px;" type="text"/> Title <input style="width: 50px;" type="text"/> (Mr/Mrs/Ms/Dr/Rev/Prof/Sir/other) First/Company Name <input style="width: 100%; height: 20px;" type="text"/> Second Name <input style="width: 100%; height: 20px;" type="text"/> Surname <input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Correspondence <input type="checkbox"/> English <input type="checkbox"/> Afrikaans <input type="checkbox"/> Xhosa
Type of Identification SA Identity Document <input type="checkbox"/> Old SA Identity Document <input type="checkbox"/> Company Reg <input type="checkbox"/> CC Reg No <input type="checkbox"/> Trust Number <input type="checkbox"/> Passport <input type="checkbox"/>	
Identification Number <input style="width: 100%; height: 20px;" type="text"/> Telephone Number <input style="width: 100%; height: 20px;" type="text"/> Date of Birth <input style="width: 100%; height: 20px;" type="text"/> (DD/MM/YYYY) Nationality <input style="width: 100%; height: 20px;" type="text"/> Name of Employer <input style="width: 100%; height: 20px;" type="text"/>	Marital Status <input type="checkbox"/> MOCP <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Muslim Rights <input type="checkbox"/> MICP
CONTACT PERSON	
Title <input style="width: 50px;" type="text"/> (Mr/Mrs/Ms/Dr/Rev/Prof/Sir/other) First Name <input style="width: 100%; height: 20px;" type="text"/> Second Name <input style="width: 100%; height: 20px;" type="text"/> Surname <input style="width: 100%; height: 20px;" type="text"/> Telephone No <input style="width: 100%; height: 20px;" type="text"/>	
CREDIT MANAGEMENT	
Outstanding Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No Installment Plan created? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Created By _____ Signature _____ Date _____	

SERVICE DETAILS FOR SUPPLY OF WATER

Date supply is required	<input type="text" value="...Day... / ...Month... / ...Year....."/>	Set the device too.	<input type="checkbox"/> 350 litres/day	<input type="checkbox"/> 650 litres/day
Agreed amount for device and Installation <small>(material no. 100002476)</small>	R.....		<input type="checkbox"/> 450 litres/day	<input type="checkbox"/> 800 litres/day
			<input type="checkbox"/>litres/day	

DECLARATION

I acknowledge that:

- 1. The Water Management Device will be installed at the premise adress provided.
- 2. I understand how the Water Management device works and that it will be set on the agreed daily allocation.
- 3. I will be able use the alocation as agreed with the City of Cape Town and carry over whatever I do not use on the day to the others days for up to 1 calendar month.
- 4. If I run out of water :
 - a) I Fully understand what to do.
 - b) I understand I will be without water for the rest of that day.
 - c) I understand that I will only be able to find out the reason why I ran out the next day.
 - d.) I will not tamper with the Device.

Owner Name Signature Date

Tenant Name Signature Date

For and on behalf of the City of Cape Town