



# ONGWEDIVA TOWN COUNCIL

PRIVATE BAG X5549, ONGWEDIVA

TEL: 00264 65 233700

FAX: 00264 65 230521

## APPLICATION FOR THE SUPPLY OF PERMANENT / TEMPORARY MUNICIPAL SERVICE/S

{OFFICIAL USE ONLY}

ACCOUNT NO

ERF NO: .....

SURNAME:..... NAME:.....

IDENTITY NO:.....

*PLEASE ATTACH CERTIFIED COPIES OF ID OR PASSPORT AS PROOF*

NAME OF INSTITUTION/COMPANY.....

COMPANY REGISTRATION NO:.....

*PLEASE ATTACH A CERTIFIED COPY OF COMPANY REGISTRATION CERTIFICATE AS PROOF*

POSTAL ADDRESS FOR ALL CORRESPONDENCE

.....  
 .....  
 .....

CONTACT DETAILS:

TEL. NO.....(W)  
 TEL. NO.....(H)  
 FAX NO:.....  
 CELL NO:.....  
 E-MAIL.....

NAME AND ADDRESS OF EMPLOYER

.....  
 .....  
 .....

SERVICES REQUIRED: *PLEASE TICK WITH (X) IN THE APPROPRIATE BOX*

WATER	DOMESTIC	NEW		OLD		SIZE REQUIRED (mm)	
	BUSINESS	NEW		OLD			
	OTHER/S	NEW		OLD			

SEWERAGE	DOMESTIC	NEW		OLD		NO. OF TOILET/S	
	BUSINESS	NEW		OLD			
	OTHER/S	NEW		OLD			

OTHER SERVICE/S	SKIP CONTAINER	BUSINESS		OTHER/S	
	REFUSE BIN RENTAL	DOMESTIC		BUSINESS	
	OTHERS ( <i>SPECIFY</i> )				

**ARE YOU THE OWNER? PLEASE TICK WITH (X) IN THE APPROPRIATE BOX**

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

**ADDRESS WHERE SERVICE/S IS REQUIRED**

(E.G STREET NAME AND ERF NO. OR NAME OF BUSINESS)

.....

**DATE BY WHICH SERVICE IS REQUIRED:** .....

**OWNER'S CONSENT:**

Being the owner of the abovementioned premises, I hereby signify my permission and consent to the supply of services to the premises.

**GENERAL INFORMATION:**

1. Accounts are mailed during the third week of each month (20th day). If an account is not received before the due date of payment, it is the responsibility of the account holder to obtain a copy of the current account rendered on own cost.
2. Accounts must be settled on or before the due date, failing will result in the **supply of service/s being terminated without prior notice**. The services will only be restored upon payment of the whole outstanding balance plus reconnection fees.
3. Upon vacating the premises the account holder remain liable for accounts renderer, until such time that the notice for the discontinuation of services is received.

**PAYMENT OF DEPOSIT:**

As per **GOVERNMENT GAZETTE NO. 1283 of 01 April 1996:**

1. Every consumer other than the Government of the Republic of Namibia shall, before the supply of services by the Council, ***deposit with the Council a sum of money*** as per the tariff structure duly determined and approved by Council.
2. The Council may from time to time review the sum of money deposited by a consumer in terms of sub-regulation (1) and, in accordance with such review;
  - (a) Require that an additional amount be deposited by the consumer, or
  - (b) Refund to the consumer such amount as may be held by the Council in excess of the reviewed deposit.
3. If a consumer fail to deposit an additional amount in accordance with sub-regulation (2) (a) within 30 days after being required by the Council in writing to do so, the Council may suspend the supply of services to such consumer until such additional amounts, and the fees determined in the tariffs for such suspension and the subsequent restoration of the supply, are paid.
4. Subject to sub-regulation (5), an amount deposited with the Council in terms of sub-regulation (1) or (2), shall not be regarded as being in payment or part payment of an account due for the supply of services.
5. If, upon the termination of a contract of supply in terms of regulation 19, an amount remains due to the Council in respect of services supplied to the consumer, the Council may apply the deposit in payment of the outstanding amount and refund any balance to the consumer.
6. No interest shall be payable by the Council on the amount of a deposit held by in terms of this regulation.

**DECLARATION:**

1. I, ....., declare that the information and contact details as provided by me are correct and that am not withholding any information that might influence this application. Should there be any change in those particulars I shall immediately inform Council, in writing, of such changes so that my records shall be kept up to date at all times.
2. I further declare that I have read and understood the general conditions as set out in this application and agree that I shall be liable for all outstanding balances on vacating the premises and disconnecting the services.
3. I understand and accept the conditions and general information contained in this agreement.
4. I undertake to pay interest on all arrears amounts calculated on a monthly basis on the total outstanding amount on the due date of payment at the interest rates as per Tariff Structure and as determined and approved by Council from time to time.
5. In the event that the Town Council should incur any costs to recover arrears amounts from myself, I undertake to be responsible for such costs.
6. I understand and accept the condition that all payments to be made into my account by me or any other person or institution shall, in the absence of a written instruction, first be allocated towards rates and taxes, lease amounts, then to sewerage and sanitation/refuse removal fees and lastly to water supply charges.

.....  
Signature of applicant

.....  
Signature of witness

.....  
Date

.....  
Date

---

**{OFFICIAL USE ONLY}**

**1. TECHNICAL SERVICES**

RECOMMENDED BY:.....

DATE:.....

APPROVED BY:.....

DATE:.....

**DATE STAMP  
TECHNICAL SERVICES**

## 2. FINANCE

Prepared by		Receipt No.	
Total Amount Paid (N\$)		Reference No.	
Reading/s		Checked and Recorded by	

**DATE STAMP  
FINANCE**

