



10 Connor Street  
P.O. Box 5  
Port Shepstone, 4240  
Telephone: 039 688 2000

The Game changer of South Coast development

## **CONSUMER INFORMATION FORM AND UPDATING OF EXISTING INFORMATION**

Please be advised that this **Information Form** has to be completed by the **New Owner/ Purchaser** and returned before a Rates Clearance Certificate will be issued.

**ACCOUNT NUMBER** \_\_\_\_\_ Erf \_\_\_\_\_ Suburb \_\_\_\_\_

Physical Address (of above Erf) \_\_\_\_\_

Sectional title scheme name \_\_\_\_\_ Extent (m<sup>2</sup>) \_\_\_\_\_

Registered section/unit no. \_\_\_\_\_ Scheme no. \_\_\_\_\_

Transfer from \_\_\_\_\_ ID/CK no \_\_\_\_\_

To \_\_\_\_\_ ID/CK no \_\_\_\_\_

### **(FOLLOWING MUST BE COMPLETED)**

#### **NEW OWNER / PURCHASER DETAILS** (Company, CC, Trust – please supply contact person's details)

Surname \_\_\_\_\_

Christian Name/s \_\_\_\_\_

Identity Number/s \_\_\_\_\_

(Copy of identity document to be attached)

Postal Address \_\_\_\_\_

**(Overseas address not acceptable)**

Physical Address \_\_\_\_\_

Home Tel No \_\_\_\_\_ Bus Tel No \_\_\_\_\_

Cell No \_\_\_\_\_ Fax No \_\_\_\_\_

Billing option: Please tick option required:

Statement preference \_\_\_\_\_

	MONTHLY	ANNUAL
1. POST	2. E-MAIL	3. MMS

E-mail Address (Please. print) \_\_\_\_\_

#### **Employer's Details:**

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Tel No \_\_\_\_\_

#### **Name of Relative not residing with you:**

Name & Surname \_\_\_\_\_

Address \_\_\_\_\_

Contact Tel No \_\_\_\_\_ Relationship: \_\_\_\_\_

I the undersigned hereby accept responsibility that the above-mentioned details are correct and I will inform the Ray Nkonyeni Local Municipality in writing of any changes.

**SIGNED BY NEW OWNER** \_\_\_\_\_ **DATE** \_\_\_\_\_