

# REGISTRATION FOR MUNICIPAL SERVICES (ELECTRICITY)

Hibiscus Coast Municipality  
10 Connor Street  
Port Shepstone  
4240

Tel: 039 688 2000  
Fax: 039 682 5995

Website: www.hcm.gov.za



**PLEASE COMPLETE IN BLOCK LETTERS**

**PARTICULARS OF OWNER**

TITLE	<input type="text"/>	INITIALS	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
FULL NAME & SURNAME	<input style="width: 100%;" type="text"/>				
ID NUMBER	<input style="width: 100%;" type="text"/>			GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
POSTAL ADDRESS	<input style="width: 100%;" type="text"/>				
<i>Domicilium Citandi et executandi</i>	<input style="width: 100%;" type="text"/>			POSTAL CODE	<input style="width: 100%;" type="text"/>
PHYSICAL ADDRESS	<input style="width: 100%;" type="text"/>				
	<input style="width: 100%;" type="text"/>			POSTAL CODE	<input style="width: 100%;" type="text"/>
RATE ACC NUMBER	<input style="width: 100%;" type="text"/>				
ELECTRICITY ACC NO	<input style="width: 100%;" type="text"/>				
CELLPHONE NUMBER: (Preferred)	<input style="width: 100%;" type="text"/>	HOME NO:	<input style="width: 100%;" type="text"/>		

**PROPERTY ADDRESS**

UNIT / FLAT NUMBER/ERF	<input style="width: 100%;" type="text"/>	FLOOR NUMBER	<input style="width: 100%;" type="text"/>	SECTION NUMBER	<input style="width: 100%;" type="text"/>
BLOCK NAME	<input style="width: 100%;" type="text"/>				
STREET NUMBER	<input style="width: 100%;" type="text"/>	STREET NAME	<input style="width: 100%;" type="text"/>		
SUBURB	<input style="width: 100%;" type="text"/>				
CITY / TOWN	<input style="width: 100%;" type="text"/>				<input style="width: 100%;" type="text"/>
					POSTAL CODE
ACCOUNT NUMBER:	<input style="width: 100%;" type="text"/>				

**DECLARATION BY OWNER**

I, the undersigned, \_\_\_\_\_, in my capacity as owner / duly authorised agent of the owner of abovementioned property address, do hereby make application for the supply of Municipal Services to the abovementioned property. I further declare that I am aware of the Local Government Municipal Systems Act of 2000, Section 118(3) and acknowledge that the owner will be held liable for all debts relating to the abovementioned property.

\_\_\_\_\_  
**SIGNATURE  
OWNER / DULY AUTHORISED AGENT**

\_\_\_\_\_  
**DATE**

**DOCUMENTS TO ACCOMPANY THIS APPLICATION**

- 1. Certified copy of Identity document of applicant (owner)
- 2. One copy each of all municipal accounts i.e. electricity or rates (not older than 3 months) of owner if applicable
- 3. Lease Agreement
- 4. Agents Mandate (if applicable)

\* Please note that no new customer will be registered for Municipal Services on this property until all the property debts have been settled or suitable payment arrangements made for the outstanding amount.

**FOR OFFICE USE ONLY**

Checked for outstanding debt on property  Application Processed By: \_\_\_\_\_  
Checklist attached  Department: \_\_\_\_\_  
Date of Application: \_\_\_\_\_