



P O Box 5, Port Shepstone, 4240. - 039-688 2286
FAX NO 039-6825995

TERMINATION OF ELECTRICITY SUPPLY

NAME OF APPLICANT/BUSINESS: _____ ACC NO _____

(IN THE CASE OF A "CC" COPIES OF "CC" CERTIFICATE (CK1 OR CK2) WILL BE REQUIRED)

ID NO: _____ TEL NO: _____

ADDRESS OF PREMISES TO BE VACATED: _____

ELECTRICITY DISCONNECTION DATE: _____

ADDRESS TO WHICH FINAL ACCOUNT OR REFUND WILL BE SENT:

NEW POSTAL ADDRESS: _____

NEW RESIDENTIAL ADDRESS: _____

- A) I ATTACH RECEIPT NO: _____ DATED _____ FOR THE SUM OF R _____ WHICH I DECLARE THAT I AM THE RIGHTFUL CLAIMANT.
- B) I AM UNABLE TO ATTACH OFFICIAL RECEIPT FOR THE DEPOSIT HELD IN MY NAME, IT HAVING BEEN MISLAID AND I DECLARE THAT I AM THE RIGHTFUL CLAIMANT TO ITS REFUND.
- C) I FURTHER DECLARE THAT I HOLD THE RAY NKONYENI LOCAL MUNICIPALITY INDEMNIFIED AGAINST ANY FURTHER CLAIM FOR A REFUND OF THE AFORESAID DEPOSIT.

24 HOURS AND COPIES OF ID DOCUMENTS ARE REQUIRED

DATED AT _____ THIS _____ DAY OF _____ 20 _____

WITNESS: _____ SIGNATURE OF APPLICANT _____

FOR OFFICIAL USE

ACCOUNT NO: _____ LOT NO: _____

METER NO: _____ METER BOOK AND ROUTE NO: _____

