



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 (m²) _____

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** _____