



MUNICIPALITY OF SWAKOPMUND

APPLICATION FOR A SPECIAL WATER TARIFF

SENIOR CITIZENS

MUNICIPAL ACCOUNT NO: _____ ERF NO: _____

SURNAME: _____

FULL NAMES: _____

POSTAL ADDRESS: _____

TELEPHONE NUMBER: _____ (HOME) _____ (WORK)

CELLPHONE NUMBER: _____

DATE OF BIRTH: _____

IDENTITY NUMBER: _____

NUMBER OF DEPENDANTS / OCCUPANTS: _____

NUMBER OF SHACKS / FLATS ON ERF: _____

The following documents must be submitted before the special tariff will be applied:

1) Certified copy of identification document.

2) Proof that the relevant erf is registered in the name of the applicant.

I hereby certify that all the above information is correct.

Signed on at Swakopmund.
(date)

WITNESS:

(Signature)

(Name)

(Signature)