



MUNICIPALITY OF SWAKOPMUND

TEL: (064) 410 4303
FAX NO.: 088 652 8144
EMAIL ADDRESS: enquiries@swkmun.com.na

APPLICATION FOR A SPECIAL WATER TARIFF

SENIOR CITIZENS

MUNICIPAL ACCOUNT NO: ERF NO:

SURNAME:

FULL NAMES:

POSTAL ADDRESS:

TELEPHONE NUMBER: (HOME) (WORK)

CELLPHONE NUMBER: EMAIL ADDRESS

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) Deed of Sale / Deed of transfer.**

I hereby certify that all the above information is correct.

Signed on at Swakopmund.
(date)

(Signature)

WITNESS:

(Name)

(Signature)