



FINANCE BUSINESS UNIT

REQUEST FOR AMENDMENTS OF CONTACT DETAILS

NB THIS FORM MUST BE COMPLETED BY THE DULY REGISTERED OWNER OF THE PROPERTY OR THE ACCOUNT HOLDER & IT MUST BE ACCOMPANIED WITH THE CERTIFIED COPY OF AN ID

DATE:	
NAMES	
SURNAME:	
COMPANY NAME:	
COMPANY REG NO :	
TRUSTEES /DIRECTORS NAME	
ID NO:	
MUNICIPAL ACCOUNT NUMBERS:	

KINDLY AMEND THE FOLLOWING CONTACT DETAILS ON MY MUNICIPAL ACCOUNT

TELEPHONE NUMBER	
HOME TELEPHONE NUMBER	
CELLPHONE NUMBER	
EMAIL ADDRESS	
CONVENTIONAL ELECTRICITY METER	
PREPAID ELECTRICITY METER	
POSTAL ADDRESS	

In respect of the Company, Trust or Partnership, the following documents must be produced:

- The Certificate of Registration or incorporation of the Company, CC, Trust, or Partnership.
- Original letter of authority in the case of a partnership or sole proprietor.
- Personal sureties from one or more of the Directors / Members of a Company / CC / Trust or Partnership.
- VAT registration numbers if applicable
- Certified copy of the identity document or passport of one of the directors, members, trustees or owner in the case of a sole proprietor, who would open an account.

SIGNATURE: _____

DATE:

FOR OFFICE USE:

COMPLETED BY	DATE	SIGNATURE
VERIFIED BY	DATE	SIGNATURE

KDM STAMP