



Group Financial Services Department

PO BOX 408, PRETORIA

ELECTRICITY AND WATER SUPPLY

When paying your deposit make sure you receive a receipt

CITY OF TSHWANE
IGNITING EXCELLENCE

Agreement number:

**CANCELLATION OF SERVICES – HOUSEHOLD CONSUMERS
REMEMBER TO CANCEL YOUR DEBIT ORDER/STOP ORDER**

SECTION A: PERSONAL PARTICULARS

KINDLY COMPLETE IN PRINT

Surname	Title	
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Name in full (as in ID)	Tel	
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Identity/Passport number	Preferred name	
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SECTION B: SERVICE CANCELLATION ADDRESS

FLATS ONLY

Flat name and number		
Street name and number	Suburb	

HOUSES ONLY

Street name and number		
Erf description	Suburb	

PLOTS ONLY

Plot number		
Pole number	Suburb	

SECTION C: REFERENCES (ALSO APPLICABLE TO IMMIGRANTS)

1.	Spouse: Name in full (as in ID Document)		
	Passport or Identity number		
	Employer	Telephone	
	Vehicle registration number		

2.	School-going children	Name	School	Grade

COMPLETE REVERSE SIDE

3.	References (not same address)	(1)	(2)
	Name		
	Residential address		
	Telephone (code included)		
	Relationship		

Future address	
Future (debit) address	
Future (postal) address	
Date of disconnection	

SECTION D: DECLARATION

- I declare that the information furnished on this application is true and correct.
- I accept the conditions set out in the By-laws and regulations for the control of electricity and water, as amended from time to time.
- I accept liability for any tracing costs and/or legal costs incurred owing to my default.
- I declare that I will not be exempt from settling my account if I have not received it.
- I declare that, should any dispute whatsoever (whether or not political) arise between the Municipality and me, I will pay the account in full.
- I accept that interest, at a rate which the Municipality may determine from time to time, will be charged on all overdue amounts.
- I accept that I am responsible for cancelling my debt/stop order.
- I accept liability for consumption on the premises until the date on which the Municipality receives a notice of cancellation of services from me, which notice must be received 48 hours before cancellation of service.
- I accept that payments made by me will be allocated to outstanding balances of the various levy types on a pro-rata basis and the balance after the above allocation, will be allocated in the following order:
 - Interest on arrears
 - Water and sanitation
 - Assessment rates and refuse removal
 - Sundry levies
 - Electricity

..... SIGNATURE OF APPLICANT DATE

FOR OFFICE USE ONLY
(Complete in full)

Route	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Debtor number
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Finalised by

Checked by