



**RESIDENTIAL CONSUMER
ACCOUNT AND SERVICE APPLICATION**

P.O. Box 1785
Silverton
0127
Tel: (012) 804-1039
Fax: (012) 804-0105
Tel: (011) 318 2779
Fax: (011) 318 7855

APPLICATION FAX LINE 086 563 3335

(Please print. Where applicable, mark the appropriate box with an X)

Account Number									(Office use only)	Midrand Office:
Unit Number:										

PART A: PERSONAL PARTICULARS VAT No: 4860168527

Surname					Title			Age		
Name in full (as in ID)										
Identity/Passport Number					Preferred Name					
Employer					Work Telephone Number & Code					
Work Address					Contact person at work					
Telephone Number & Code (Home)					Cellphone Number					
Email Address										
Vehicle Registration Number					Language Preference	English	Afrikaans			
Marital Status	Single	Widow	Widower	Divorced	Married (In Comm. of Prop.)	Married (Out of Comm. of Prop)				
Postal Address for Account										
					Suburb/Post Office					
You Are The	Owner	Tenant			Buyer	Contractor				
Occupation Date (date you moved into property)										
Owner Name					Owners Telephone Number & Code					

NB: Please attach the following documents. If not attached, the application can not be processed and electricity not be supplied.

- Copy of the identity document of the applicant.
- Copy of the identity document of the person handing in the application on behalf of the applicant.
- In the case of minors, the prescribed letter of consent and of undertaking by the legal parent/guardian and copy of their I.D.
- In the case of newly built buildings, a certificate of occupation and an electricity approval certificate.
- Copy of the proof of payment of the deposit.

(Note: Deposits are transferable between husband and wife only. Written consent must be furnished and both parties must be present)

PART B: DATE OF OCCUPATION

If the applicant is the **owner or buyer**, a copy of the offer to purchase of the deed of sale, stipulating the **date of occupation**, must be supplied. The owner must also provide a copy of his/her identity document.

If the applicant is the **tenant**, a copy of the lease agreement, stipulating the date of occupation, must be supplied.

Alternatively:

The agent/owner may complete and sign the following in the case of **leased** properties (*copy of ID of owner must be provided*)

I, _____ confirm that _____ (the tenant)

*has moved/will move into the premises on _____ (date of occupation).

(*Delete whichever is not applicable)

SIGNATURE, CAPACITY AND STAMP TEL NO DATE

If none of the above is supplied, the new consumer will be held liable for the total accumulated outstanding amount on the account.

PART C: ACCOUNT AND PREMISES PARTICULARS

Service Applying For	Electricity	Water	Sanitation	Domestic Tariff Option (Midrand/Jhb only)	Life-Line Tariff	Two-Part Flat Tariff	Two-Part Seasonal Tariff
Complex / Flat Name					Unit Number		
Street Name					Street Number		
Suburb				Erf Description / Number			
The House is	Newly Build	An Existing House	Still Being Build	The Electricity at premises is	On	Off	
Previous Residential Address							
Applicant Physical Address (If different from service address)							

PART D: REFERENCES

Spouse: Name in full (as in ID)							
Passport or Identity Number							
Employer					Telephone Number		
Vehicle Registration Number					Cellphone Number		
References (Friend/Relative) (not residing with you)		Reference - 1			Reference - 2		
Name and Surname							
Full Residential Address							
Suburb / Town							
Telephone Number (code included)							
Relationship							

PART E: 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 declare that, should any dispute whatsoever (whether or not political) arise between Protea Metering and me, I will continue to pay the monthly levies in full, If a levy is in dispute owing to it's abnormality I undertake to still pay a monthly amount equal to the average of the previous three months amount for the levy in question until my enquiry has been addressed.
- I accept liability for any tracing costs and/or legal costs incurred owing to my default.
- I accept liability for any outstanding amount in respect of the premises if Part B has not been completed correctly.
- I declare that I will not be exempt from settling my account if I have not received it.
- I accept that interest, at a rate which Protea Metering may determine from time to time , will be charged on all overdue amount.
- I accept liability for consumption on the premises until the date on which Protea Metering receives a notice of cancellation of service from me, which notice must be received 48 hours before the cancellation of services.
- I accept that Protea Metering has the authority to terminate a service due to non-payment of any other service rendered by the Protea Metering, irrespective of Protea Metering 's tariff structure for services, which can include free basic services.
- I accept that payment made by me will be allocated to outstanding balances of the various levy types on a pro rata basis.
- I accept responsibility for ensuring that meter readers have access to the meters or, alternatively, I will arrange for Protea Metering to move the meters, at my own cost, to outside the premises where they can be read.

SIGNATURE OF APPLICANT

DATE

BANKING DETAILS

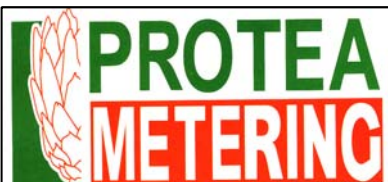
NEDBANK - CHEQUE ACCOUNT

ACCOUNT NUMBER: 16 18 01 54 19

LYNNWOODRIDGE BRANCH - CODE 16 18 45 00

DEPOSIT AMOUNT:

REFERENCE NO:



DEBIT ORDER AUTHORISATION

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Reference Number [grid]

Protea Account / Reference Number:

Occupant Name & Surname:

Address: (Where service is supplied)

Tel. No: (Home) & code, Tel. No: (Work) & code

Bank, Branch

Acc. No., Branch Code

Account Type: (Mark appropriate box "X") Cheque, Savings, Transmission

Bank Account Name

Debit Order Date: (Mark appropriate box "X") 8th, 15th, 23rd, 30th

I / We hereby request Protea Metering to draw against my / our account whichever bank it may be at present the amount being the total amount outstanding on my account and I/We request my / our bank, whichever it is or will be, to debit my/our account with such amounts drawn against it by Protea Metering in terms of the request and understand that the bank charges currently R3.00 will also be collected from myself.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____

SIGNATURE:

SECOND SIGNATURE:

Assisted by

Capacity

NB: PLEASE TAKE NOTE OF THE FOLLOWING

- 1. A second signature will be required for joint account. A legal guardians signature must accompany that of a minor.
2. If a company is the subscriber, the full name of the company must be shown and the authorised person(s) must sign indication his/their capacity(ies). The company stamp must also appear here.
3. NOTE: A cancelled or used cheque MUST accompany this form to enable us to verify the bank details.
4. If you no not have a cheque book please ensure that your bank and branch code is correct.
5. If the details are not correct it will hinder the process of having the debit order authorisation activated, which will leave your account in arrears. Interest will be charged on arrears.
6. PLEASE NOTE that debit order applications may take up to 2 weeks for authorisation from the Bank.

Company Stamp