

ENDUMENI MUNICIPALITY

APPLICATION FOR REGISTRATION AS INDIGENT CUSTOMER

Note: Application for registration as Indigent does not exempt a person from paying his/her Municipal account

Particulars of Applicant

Surname _____ Initials _____

ID number _____ Marital Status _____

If married – in/out of community of property/customary marriage _____

Occupation _____ Phone no (H) _____

(C) _____

Address of Applicant

Physical Address _____ Postal Address _____

Number of properties owned by applicant and all members of the household _____

Details of properties

Property 1 Physical address _____

Name of owner _____

Name of bondholder _____

Account number _____

Deed Registration no _____

Type of structure _____

Property 2 Physical address _____

Name of owner _____

Name of bondholder _____

Account number _____

Deed Registration no _____

Type of structure _____

Is property/properties or a portion thereof leased to a third person? (Yes/No) _____

If leased, rent received _____ Number of all members in household _____

Combined gross income of all members of the household per month _____

Details of all members of the household over the age of 18 years resident at the property

1. Surname _____ 2. Surname _____

Full name _____ Full name _____

ID number _____ ID number _____

Employed (Yes/No) _____ Employed (Yes/No) _____

Salary including Benefits, if relevant

Salary including Benefits, if relevant

3. Surname _____ 4. Surname _____

Full name _____ Full name _____

ID number _____ ID number _____

Employed (Yes/No) _____ Employed (Yes/No) _____

Salary including Benefits, if relevant

Salary including Benefits, if relevant

5. Surname _____ 6. Surname _____

Full name _____ Full name _____

ID number _____ ID number _____

Employed (Yes/No) _____ Employed (Yes/No) _____

Salary including Benefits, if relevant

Salary including Benefits, if relevant

Details of other income received by household: (i.e. old age pension, disability pension, welfare, etc)

1. Type of income _____ 2. Type of income _____

Institution _____ Institution _____

Amount _____ Amount _____

Reference number _____ Reference number _____

3. Type of income _____
 Institution _____
 Amount _____
 Reference number _____

4. Type of income _____
 Institution _____
 Amount _____
 Reference number _____

5. Type of income _____
 Institution _____
 Amount _____
 Reference number _____

6. Type of income _____
 Institution _____
 Amount _____
 Reference number _____

Details of monthly expenses of household:

- | | | | |
|--------------------|----------------------|------------------|---------------|
| 1. Groceries _____ | 2. School fees _____ | 3. Clothes _____ | 4. Rent _____ |
| 5. _____ | 6. _____ | 7. _____ | 8. _____ |
| 9. _____ | 10. _____ | | |

Details of current debts of the household: (including insurance policies and credit purchases)

1. Institution _____
 Account number _____
 Amount owing _____

3. Institution _____
 Account number _____
 Amount owing _____

5. Institution _____
 Account number _____
 Amount owing _____

2. Institution _____
 Account number _____
 Amount owing _____

4. Institution _____
 Account number _____
 Amount owing _____

6. Institution _____
 Account number _____
 Amount owing _____

Details in respect of legal or other actions taken against me in respect of current expenses/debts of the household: (i.e. administration orders, sequestration, other court orders, listed with a Credit Agency, etc.)

1. Institution _____
 Type of action _____
 Case number _____
 Amount owing _____

3. Institution _____
 Type of action _____

2. Institution _____
 Type of action _____
 Case number _____
 Amount owing _____

4. Institution _____
 Type of action _____

Case number _____	Case number _____
Amount owing _____	Amount owing _____
5. Institution _____	6. Institution _____
Type of action _____	Type of action _____
Case number _____	Case number _____
Amount owing _____	Amount owing _____

The following documents must be attached

1. Documentary proof of income (such as a letter from the customer's employer, a salary advice, a pension card, unemployment fund card, etc.)
2. An affidavit declaring unemployment or income; and
3. Latest municipal account in the possession of customer; and
4. A certified copy of the applicant's identity document.

(A) I hereby -

1. apply for registration as an indigent customer for a period of one year;
2. accept the conditions applicable to this application as set out in the municipality's policy bylaws and the Conditions of supply of any service provider of the municipality;
3. declare that I was informed that the documents referred to in 2 above are available for inspection at the offices of the municipality during office hours;
4. declare that this application form and the implications thereof was explained to me;
5. declare that all payments due and payable by me in pursuance of this application shall promptly be paid by me on the due date; and
6. declare that the information provided in this application form is true and correct.

(B) I further declare and accept that the following specific conditions shall apply to this application-

1. The municipality or its authorised agent may send authorised representatives to premises or households applying for registration as indigent customers to conduct an on-site audit of information provided prior to approval of an application or any time thereafter.
2. An application shall be approved for a period of 12 months only.
3. The municipality or its authorised agent may on approval of an application or any time thereafter-
 - (i) install a pre-payment electricity meter for the indigent customer where electricity is provided by the municipality or its authorised agent; and
 - (ii) limit the water supply services of an indigent customer to a basic supply of not less than 6 kiloliters per month.
4. An indigent customer must annually re-apply for registration as an indigent customer, failing which the assistance will cease automatically.
5. The municipality or its authorised agent gives no guarantee of renewal.
6. The municipal council may annually as part of its budgetary process determine the municipal services and levels thereof that will be subsidised in respect of indigent customers in accordance with national policy, but subject to principles of sustainability and affordability.
7. Any other municipal services rendered by the municipality or its authorised agent or municipal services consumed in excess of the quantities specified in 6 above shall be charged for and the

indigent customer shall be liable for the payment of such charges levied on the excess consumption. Normal credit control procedures shall apply in respect of such excess consumption.

8. Any customer who provides or provided false information in the application form and/ or any other documentation and information in connection with the application-
 - (i) shall automatically, without notice, be de-registered as an indigent customer from the date on which the municipality or its authorised agent became aware that such information is false; and
 - (ii) shall be held liable for the payment of all services received.
9. An indigent customer must immediately request de-registration by the municipality or its authorised agent if his or her circumstances has changed to the extent that he or she no longer meets the qualifications set out in the bylaws.
10. An indigent customer shall automatically be de-registered if an annual application is not made or if such application is not approved.
11. An indigent customer shall automatically be de-registered if an audit or verification concludes that the financial circumstances of the indigent customer has changed to the extent that he or she no longer meet the qualifications set out in the bylaws.
12. An indigent customer may at any time request de-registration.

CERTIFICATION BY MUNICIPALITY

The consequences of the above declaration made by the applicant were explained to him/her and he/she indicated that the contents of the application were understood.

_____ **MUNICIPALITY/AUTHORISED AGENT**

_____ **DATE**

FOR OFFICE USE ONLY

Account number _____ Date of receipt of applicant _____

First Verification _____ Date _____

Site Visit (Yes/No) _____ Name of verifier _____

Designation of verifier _____

Indicate information not verified _____

Recommendation _____

APPLICATION APPROVED/NOT APPROVED

Second Verification _____ Date _____

Site Visit (Yes/No) _____ Name of verifier _____

Designation of verifier _____