



INDIGENT APPLICATION FORM 2015/2016

MTUABATUBA MUNICIPALITY

APPLICATION TO BE REGISTERED AS AN INDIGENT

NOTE:

- ❖ **THIS APPLICATION IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR THE PAYMENT OF THE ACCOUNT AND IS ONLY VALID FOR ONE YEAR (12 MONTHS)**
- ❖ **1. CERTIFIED COPIES OF IDENTITY DOCUMENTS, 2.PENSION CERTIFICATES, 3.CERTIFIED COPIES OF SASAA CARDS 4.AFFIDAVIT 5.LATEST RATES STATEMENT AND 6. PROOF OF INCOME (BANK STATEMENT) MUST BE ATTACHED TO THE APPLICATION FORM.**

1. APPLICANT DETAILS

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SURNAME					
FIRST NAMES					
IDENTITY DOCUMENT NUMBER					
DATE OF BIRTH					
RESIDENTIAL ADDRESS					
POSTAL ADDRESS					
TELEPHONE NUMBER					
CELL PHONE					
WARD NUMBER					
MARITAL STATUS	MARRIED	SINGLE	DIVORCED	WIDOWED	LIVING TOGETHER
EMPLOYEMENT STATUS	PENSSIONER	GRANTEE	UNEMPLOYED	CHILD HEADED HOUSEHOLD	EMPLOYED
MUNICIPAL ACCOUNT NUMBER					
PREPARED METER NUMBER					

SIGNATURE APPLICANT

SIGNATURE WARD COMMITTEE

SIGNATURE WARD COUNCILLOR

