

## APPLICATION FOR THE INSTALLATION WATER MANAGEMENT DEVICE

<b>SERVICE LOCATION</b>			
Premises address:		Postal Address:	
erf No: <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div>		Previous Address:	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> INDIGENT  <input type="checkbox"/> NEW CONNECTION         </div> <div> <input type="checkbox"/> WATER REBATE  <input type="checkbox"/> CHANGE CONVENTIONAL METER         </div> </div>			
<b>BUSINESS PARTNER DETAILS</b>			
Business Partner Number		<input type="checkbox"/> Owner	
Contact Account Number		<input type="checkbox"/> Tenant	
Title <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> (Mr/Mrs/Ms/Dr/Rev/Prof/Sir/other)		<u>Gender</u> <input type="checkbox"/> Male	
First/Company Name		<input type="checkbox"/> Female	
Second Name		<u>Correspondence</u> <input type="checkbox"/> English	
Surname		<input type="checkbox"/> Afrikaans	
		<input type="checkbox"/> Xhosa	
<b>Type of Identification</b>			
SA Identity Document <input type="checkbox"/>		Old SA Identity Document <input type="checkbox"/>	
CC Reg No <input type="checkbox"/>		Company Reg <input type="checkbox"/>	
Trust Number <input type="checkbox"/>		Passport <input type="checkbox"/>	
Identification Number		<u>Marital Status</u>	
Telephone Number		<input type="checkbox"/> MOC	
Date of Birth		<input type="checkbox"/> Single	
Nationality		<input type="checkbox"/> Divorced	
Name of Employer		<input type="checkbox"/> Widowed	
		<input type="checkbox"/> Muslim Rights	
		<input type="checkbox"/> MICP	
<b>CONTACT PERSON</b>			
Title <div style="border: 1px solid black; width: 100px; height: 15px; display: inline-block;"></div> (Mr/Mrs/Ms/Dr/Rev/Prof/Sir/other)			
First Name			
Second Name			
Surname			
Telephone No			
<b>CREDIT MANAGEMENT</b>			
Outstanding Debt? <input type="checkbox"/> Yes <input type="checkbox"/> No		Installment Plan created? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Created By _____ Signature _____ Date _____			

## SERVICE DETAILS FOR SUPPLY OF WATER

Date supply is required  Set the device too. ☐ 350 litres/day ☐ 650 litres/day

Agreed amount for device and Installation R..... ☐ 450 litres/day ☐ 800 litres/day

(material no. 100002476) ☐ .....litres/day

## DECLARATION

### I acknowledge that:

1. The Water Management Device will be installed at the premise adress provided.
2. I understand how the Water Management device works and that it will be set on the agreed daily allocation.
3. I will be able use the aloacation as agreed with the City of Cape Town and carry over whatever I do not use on the day to the others days for up to 1 calendar month.
4. If I run out of water :
  - a) I Fully understand what to do.
  - b) I understand I will be without water for the rest of that day.
  - c) I understand that I will only be able to find out the reason why I ran out the next day.
  - d.) I will not tamper with the Device.

Owner Name ..... Signature ..... Date .....

Tenant Name ..... Signature ..... Date .....

For and on behalf of the City of Cape Town .....