

Tel:+27(41)506 5555, fax:+27(41)506 1304  
PO Box 834, Port Elizabeth 6000  
Republic of South Africa  
e-mail: customercare@mandelametro.gov.za

**IVR / ELECTRONIC HELP DESK SERVICE REQUEST**

A FREE 24 HOUR A DAY, 7 DAYS A WEEK ENQUIRY, REMINDER AND PAY-BY-PHONE FACILITY  
PLEASE USE THIS SERVICE BY COMPLETING YOUR CONTACT DETAILS BELOW

**APPLICANT( Individual, Business or other name)**

**1. MUNICIPAL SERVICE ACCOUNT NUMBER(S):**


**2. ID OR BUSINESS REGISTRATION NUMBER:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IF YOU HAVE COMPLETED MORE THAN ONE REFERENCE NUMBER ABOVE THE FOLLOWING INFORMATION WILL BE UTILISED FOR EACH REFERENCE NUMBER TO PROVIDE THE SELECTED SERVICES.  
IF ANY OF THE INFORMATION DIFFERS FOR ANY OF THE REFERENCE NUMBERS PLEASE USE A SEPARATE FORM TO PROVIDE SUCH DETAILS.

**IF A BUSINESS ACCOUNT, CAPACITY IN WHICH THE APPLICATION IS MADE:** \_\_\_\_\_  
(e.g. DIRECTOR, TRUSTEE, SOLE OWNER, PARTNER, etc)

**CONTACT DETAILS**

CELL																			
TEL(HOME)																			
TEL(WORK)																			
FAX																			

**NOTE: IT IS RECOMMENDED THAT THE CONTACT DETAILS PROVIDED FOR THE REMINDER SERVICES SHOULD ALLOW THE PERSON RESPONSIBLE TO DIRECTLY RECEIVE AND ACCEPT THE SERVICE, THEREFORE PLEASE AVOID USING GENERAL CONTACT NUMBERS.**

E-MAIL: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

RESIDENTIAL/BUSINESS ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LANGUAGE PREFERENCE**

ENGLISH       AFRIKAANS       XHOSA

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**SELECT IVR / ELECTRONIC HELPDESK SERVICES BELOW:**

[PLEASE MARK [X] THE APPROPRIATE BLOCKS]

**MUNICIPAL SERVICES ACCOUNT**

**YES / NO**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. FAX MY MONTHLY ACCOUNT                      | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |
| 2. E-MAIL MY MONTHLY ACCOUNT                   | <input type="checkbox"/> | <input type="checkbox"/> | <b>CELL</b>              | <b>HOME</b>              | <b>BUS</b>               |
| 3. ALLOW ME TO SUBMIT VOLUNTARY METER READINGS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. WARN ME TO SUBMIT VOLUNTARY METER READINGS  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. REMIND ME PRIOR TO THE ACCOUNT DUE DATE     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. ADVISE ME OF INABILITY T READ A METER       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. ADVISE ME OF THE NEXT METER READING DATE    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**TRAFFIC SERVICES**

**YES / NO      CELL    HOME    BUS**

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. NOTIFY ME OF ANY TRAFFIC OFFENCES PRIOR TO DUE DATE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. WARN ME BEFORE ANY SUMMONS TRIAL DATE               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. WARN ME IF AN TRIAL DATE HAS PASSED                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PREFERRED TIMES TO RECEIVE CALLS:**

[PLEASE MARK [X] THE APPROPRIATE BLOCKS]

**OFFICE HOURS**

**AFTER HOURS**

08h00 - 12h00

17h00 - 20h00

12h00 - 17h00

**PLEASE NOTE THAT MESSAGES LEFT ON VOICE MAIL AND / OR ANSWERING MACHINE SERVICES WILL BE DEEMED TO HAVE BEEN DELIVERED. NOTE: THE SERVICES INDICATED ABOVE ARE OFFERED FREE OF CHARGE. SHOULD IT IN FUTURE BECOME NECESSARY TO LEVY A CHARGE IN RESPECT OF ANY OF THESE SERVICES, YOU WILL BE INFORMED OF SUCH CHARGE TIMEOUSLY.**

I, THE UNDERSIGNED, HEREBY REQUEST THE NELSON MANDELA BAY MUNICIPALITY TO RENDER THE SERVICES AS INDICATED ABOVE. I ACCEPT THAT THE ABOVE SERVICES DO NOT RELINQUISH ME OF THE RESPONSIBILITY TO ENSURE PAYMENT OF MONIES DUE BY MYSELF AS REQUIRED.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**B U D G E T & T R E A S U R Y**

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**PAY-BY-PHONE FACILITY / SMS FACILITY - MY BANK ACCOUNT PARTICULARS ARE:**

**NOTE:** The bank account may be used for all services indicated above - if this is not the case please complete a separate form for each of the main services indicated above.

TYPE OF ACCOUNT:       CHEQUE       SAVINGS       TRANSMISSION (Mark appropriate box)

ACCOUNT HOLDER: \_\_\_\_\_  
BANK NAME: \_\_\_\_\_  
BRANCH NAME: \_\_\_\_\_  
BRANCH CODE: \_\_\_\_\_  
BANK ACCOUNT NUMBER: \_\_\_\_\_

**TO PURCHASE PRE-PAID ELECTRICITY BY PHONE / SMS**

**NOTE:** THE TYPE OF METER MUST BE INDICATED:- P = POWERCARD / K = KEYPAD, PURCHASE OF ELECTRICITY BY PHONE IS ONLY AVAILABLE ON THE KEYPAD METERS.

TYPE	PRE - PAID METER NUMBER/S	ERF NUMBER/S	SUBURB
<input type="checkbox"/>	_____001	_____	_____
<input type="checkbox"/>	_____002	_____	_____
<input type="checkbox"/>	_____003	_____	_____

I/WE, THE UNDERSIGNED, HEREBY AUTHORIZE THE NELSON MANDELA BAY METROPOLITAN MUNICIPALITY TO DEBIT MY ACCOUNT AS ABOVE ON MY TELEPHONIC / SMS INSTRUCTION BY PIN NUMBER WITH THE AMOUNT AS SPECIFIED AT THE TIME.

I/WE AGREE TO COLLECT MY / OUR PIN NUMBER AT THE FOLLOWING CUSTOMER CARE OFFICE OF THE BUDGET AND TREASURY BUSINESS UNIT, ONCE REQUESTED TO DO SO:

\_\_\_\_\_ OFFICE.

I/WE UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORIZED WILL BE PROCESSED THROUGH A COMPUTERIZED SYSTEM PROVIDED BY THE SOUTH AFRICAN BANKS AND I/WE ALSO UNDERSTAND THAT THE DETAILS OF EACH WITHDRAWAL WILL BE PRINTED ON MY BANK STATEMENT.

I/WE AGREE TO PAY ANY BANK CHARGES RELATED TO THIS PAY-BY-PHONE DEBIT ORDER INSTRUCTION.

I/WE UNDERSTAND THAT THIS INSTRUCTION WILL REMAIN EFFECTIVE UNTIL TERMINATED BY ME/US FOR ANY REASON WHATSOEVER, BY MEANS OF THIRTY (30) DAYS PRIOR WRITTEN NOTICE TO THE NELSON MANDELA BAY MUNICIPALITY.

I/WE UNDERSTAND THAT THE NELSON MANDELA BAY MUNICIPALITY MAY AT ANY TIME CANCEL THIS AUTHORIZATION BY MEANS OF WRITTEN NOTICE TO ME/US.

I/WE UNDERSTAND THAT THE NELSON MANDELA BAY MUNICIPALITY WILL RECEIVE ALL PAYMENTS IN TERMS OF THIS AUTHORIZATION WITHOUT PREJUDICE TO ITS RIGHTS.

**ASSIGNMENT:** I/WE ACKNOWLEDGE THAT THE PARTY AUTHOURIZED TO EFFECT THE DRAWING(S) AGAINST MY/OUR ACCOUNT MAY NOT CEDE OR ASSIGN ANY OF ITS RIGHTS TO ANY PARTY WITHOUT MY/OUR PRIOR CONSENT AND THAT I/WE MAY NOT DELEGATE ANY OF MY/OUR OBLIGATIONS IN TERMS OF THIS CONTRACT/AUTHORITY TO ANY THIRD PARTY WITHOUT WRITTEN CONSENT OF THE AUTHORIZED PARTY.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_