BUSHBUCKRIDGE LOCAL MUNICIPALITY INDIGENT FORM

	APPLICATION FOR REGISTRATION MUNICIPAL INDIGENT DATABASE	
REGIONAL OFFICE NAME	MUNICIPAL ACCOUNT N0.	
	ESKOM ACCOUNT NO.	

SECTION A: PARTICULARS OF APPLICANT						
OWNERS`S SURNAME	DATE OF OWNERSHIP					
	D	D	M	M	Y	Y
	TITLE				GENDER	
OWNER`S FULL NAME	Mr	Mrs	Ms		F	M
	MARITAL STATUS(TICK WITH AN X)					
PASSPORT /SA IDENTITY NO.	SINGLE	MARRIED	DIVORCED		WIDOWED	
CELL NO	TELL NO					
RESIDENTIAL ADRESS	WARD NO					
POSTAL ADRESS	POSTAL CODE					
WERE YOU EMPLOYED BEFORE	YES	NO	IF YES,STATE THE NAME OF EMPLOYER BELOW			
CELL NO	TELEPHONE NO					

SECTION B: OTHER MEMBERS OF THE HOUSEHOLD							
SURNAME & INITIALS	GENDER		ID NO	RELATIOSHIP WITH APPLICANT	GRANT NAME/OCCUPATION	MONTHLY INCOME	
	F	M				R	C
TOTAL OTHER INCOME/ GRANTS							
TOTAL APPLICANT INCOME/ GRANT							
TOTAL HOUSEHOLD INCOME / GRANTS PER MONTH							

SECTION C: TYPE OF PROPERTY (MARK APPROPRIATE WITH AN X)																
STAND NO					SECTION/PORTION											
VILLAGE																
REGION																

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SECTION D: DECLARATION
I..... The undersigned, do hereby declare that the information provided above is to the best of my knowledge true and correct, and furthermore acknowledge that: a) The Municipality reserves the right to register or not to register me as an indigent. b) This application is subject to verification and council approval before registration. c) I will remain liable to the Municipality for the outstanding amount on my account before and after the registration as indigent. d) I must continue to pay the minimum amount on my monthly account in full or make arrangement to settle the outstanding balance otherwise credit control measures will be institute against me. e) This information is public and will be published, made available to interested parties in both private and public sector including credit bureau. Signed at.....on.....day of.....20..... ..... Applicant (Signature) .... Witness 1 Witness 2

SECTION E: COMMISIONER OF OATHS
INTITIALS AND SURNAMES..... **RANK:..... SERVICE NO.....** **SIGNATURE:.....**

SECTION F: COMMENTS ON VERIFICATION

SECTION G: FOR OFFICE USE ONLY												
COMMENTS BY FINANCE OFFICIAL					**APPROVED**		**NOT APPROVED**					
..... **SIGNATURE**					**.....** **DATE**							
DATE OF REGISTRATION							**REGISTERED BY:**					
DATE OF DE-REGISTRATION												
INDIGENT REGISTRATION NO.												