



REPUBLIC OF NAMIBIA

KARIBIB TOWN COUNCIL

Tel: (+264 64) 550 016
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ACCOUNTANT

P. O. Box 19
Karibib,
Namibia

4/13/2

APPLICATION FOR PRE-PAID WATER METER

Name (s):
Postal address:.....
Email:.....

ID No:.....
Contact:.....

NB: This part to be completed only if applying on behalf of a non-natural person

Company Name:.....
Proxy:.....
Postal add:.....
Email:.....

Reg. No:.....
ID No:.....
Contact:.....

Erf Number:.....
Unit No.:.....

Extension:.....
Account No.:.....

NB: attach certified copy of ID, Founding statement of company etc....

Application is hereby submitted for the following municipal service(s):

Pre-Paid Water Meter

Applicant signature:.....

Date:.....

TERMS AND CONDITIONS

- I, the undersigned owner of erf _____ located in _____ hereby give approval to Karibib Town Council to render municipal services to the applicant, and I accept full responsibility for any outstanding amounts due to council for non-payment by the applicant;
- For any non-compliance to the terms and conditions of council by the applicant, the prejudiced party may employ legal steps against the applicant **without** any notice. The applicant herewith consents to the jurisdiction of Magistrate's Court in terms of section 45 of Act 32 of 1944;
- The applicant shall be liable to pay the legal cost and any other expenses incurred in pursuit of the legal case, as necessarily incurred by the prejudiced party; to be recovered from the applicant;

All official correspondence to be addressed to the Chief Executive Officer

- In case of debt collection firm services, the applicant shall be liable to pay the commission as charged by the firm.
- Consent is herewith given to Karibib Town Council to disconnect municipal services, should the applicant be in arrears for **60 days** and/or denies me access to acquiring water due to non-payment.

NB: No approval will be granted by council to applicants that owes council unless arrangements are done to the satisfaction of council on how to settle the arrears.

PERSONAL REFERENCES	
RELATIVE OF APPLICANT	RELATIVE OF ERF OWNER
Name & Surname:.....	Name & Surname:
Postal address:	Postal address:
Res. Address:	Res. Address:
Tel. No. (W):	Tel. No. (W):
Cell Phone No.:	Cell Phone No.:

Signature: Erf Owner

Signature: Applicant

FOR OFFICE USE		
Arrears: N\$.....		
Down payment:.....	Receipt No.:.....	Date:.....
Arrangement:.....		
.....		
Prepaid meter No.: Water:.....		
APPROVED/NOT APPROVED		
.....		
.....		
		Date stamp
MANAGER: FINANCE		