



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 MUNICIPAL SERVICE CONNECTION

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:.....

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

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

Water
 Refuse

Sewer
 other:(specify).....

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;

All official correspondence to be addressed to the Chief Executive Officer

- 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;
- 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**.

NB: No approval will be granted by council to applicants that owes council. Payment terms are strictly 30 Days

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		
Connection fee:.....	Receipt No.:.....	Date:.....
Deposit fee:.....	Receipt No.:.....	Date:.....
Prepaid meter No.: Water:.....		
Electricity:.....		
Conventional meter No.: Water:.....		
Electricity:.....		
APPROVED/NOT APPROVED		
.....		
.....		
MANAGER: FINANCE		Date stamp