



REPUBLIC OF NAMIBIA

KARIBIB TOWN COUNCIL

Tel: (+264 64) 550 016
Fax: (+264 64) 550 032

ACCOUNTANT: DEBTORS

P. O. Box 19
Karibib,
Namibia

4/13/2

APPLICATION FOR DISCONNECTION OF MUNICIPAL SERVICES

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

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

NB: This part to be completed in case of a non-natural person

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

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

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

Location:.....
Meter No:.....

Description of service (tick relevant box):

Water

Sewerage

Electricity

Effective Date of Disconnection:.....

NB: attach certified copy of ID, Founding statement of company etc.... and also a final invoice payable shall be levied.

Applicant signature:.....

Date:.....

FOR OFFICE USE

Disconnection fee:.....

Receipt No.:.....

Date:.....

Outstanding balance:.....

Paid:.....

Receipt No.:.....

APPROVED/NOT APPROVED

.....
.....

Date stamp

CHIEF EXECUTIVE OFFICER