



KARIBIB TOWN COUNCIL

Enquiries: pa2ceo@karibibtown.org
Tel: (064)550016

PO. Box 19, Karibib, Namibia
19 Kalk street, Karibib, Namibia
+264 64 550 020
+264 64 550 032
pa2ceo@karibibtown.org
www.karibibtown.org

APPLICATION FOR MUNICIPAL SERVICES STANDPIPE CARD/REFUSE BINS HARAMBE & OLD LOCATION

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.:.....

Harambe Ext:.....
Account No.:.....

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

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

☐ Standpipe Card ☐ ERF Payment ☐ Refuse Bin

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;
- 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