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ERONGO RED BUILDING REG NO 2004/074 91 HAGE GEINGOB STREET P O BOX 2925 WALVIS BAY NAMIBIA

APPLICATION TO RECEIVE BILL ELECTRONICALLY

Stand / Erf Detail

* Stand / Erf no.	Shop / Flat Number	Unit Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
* Street Address (To be connected)	Building / Flat Name	
<input type="text"/>	<input type="text"/>	
<input type="text"/>		
* Town / Ward	Master Acc no. (Group Acc)	
<input type="text"/>	<input type="text"/>	
* Account No.	* Are you the? (tick applicable)	
<input type="text"/>	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>

Application detail

* Title (Mr, Mrs, Miss, Dr, Messers)	* First Name and Initials of Applicant
<input type="text"/>	<input type="text"/>
* Surname of Applicant	* Identity Number / Passport no.
<input type="text"/>	<input type="text"/>
Maiden name	* Nationality
<input type="text"/>	<input type="text"/>
Telephone Numbers	* Mobile
* Home	<input type="text"/>
<input type="text"/>	Fax
Email	<input type="text"/>
<input type="text"/>	VAT no.
Company Reg. no.	<input type="text"/>
<input type="text"/>	* Street Address
* Postal Address	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

General information (Should be read in conjunction with the Erongo RED Conditions of Supply)

1. If the Customer is an individual, a copy of his/ her identity document must accompany this document.
2. If the Customer is a minor, this document must be signed by one of his/her parents or his/her guardian.
3. Accounts are mailed during the third week of the month. If the account is not received before the due date of payment, the onus rests with the applicant, tenant, owner to obtain a copy of the account rendered.
4. Accounts must be settled on or before the due date. Failure to comply will result in electricity supply being terminated without prior notice.

.....
* Signature: Applicant

.....
* Date

* Position or Title

FOR OFFICE USE ONLY

Customer care

Account number

Erf Number

Processing Official

Email Address

Processed by

Signed

Date

Verification of email address/ fax

Checked by

Date

* *Compulsary fields, must be completed*