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APPLICATION FOR THE DISCONNECTION OF ELECTRICITY SERVICES

Stand / Erf Detail

* Account

* Street Address (To be disconnected)

* Town / Ward

* Disconnection Date

* Stand / Erf no.

Shop / Flat Number

Unit Number

Building / Flat Name

Master Acc no. (Group Acc)

* Are you the? (tick applicable)

Owner

Tenant

Customer Detail

* Surname or Name of Business

* First name

* Initials

* Identity Number / Passport

Initials of Spouse

Identity Number (Spouse)

Telephone Numbers

* Home

Work

* Mobile

* Current Postal Address

Forwarding detail

* New Residential Address

New Postal Address

Name & Address of Future/ Present Employer

Name & Address of Future/ Present Employer

.....
* Signature: Applicant

.....
* Date

FOR OFFICE USE ONLY

Customer Care:

Checklist Final Update: (Tick when completed)

Confirmed Forwarding Address		Deposit Drawn in		Levies Updated		Final Readings possessed		Checked by Signature
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Please confirm that this meter is connected to the said erf /unit (sign)

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Meter number

Meter Readings

.....
Prepared by

.....
Controlled by

* *Compulsary fields, must be completed*