SWARTLAND MUNICIPALITY

APPLICATION FOR SUPPLY OF ELECTRICITY

Department of Electrical Engineering Services

FOR OFFICE USE ONLY					
DESCRIPTION	***QTY***	***UNIT PRICE***	***15% VAT***	***PRICE(VAT inc)***	***LINE TOTAL***
*SERVICES DEPOSIT (**Finance Department**)*					**R -**
*CONNECTION FEE (**Finance Department**)*		*R -*	*R -*	*R -*	**R -**
*OFF- & ON SWITCHING (**call out fee**)*		*R -*	*R -*	*R -*	**R -**
TEMPORARY / BUILDERS CONNECTION		*R -*	*R -*	*R -*	**R -**
*FINAL CONNECTION (**serviced plot**)*		*R -*	*R -*	*R -*	**R -**
*PREPAID METER (**1-ph. PLC/RF-prepaid**)*		*R -*	*R -*	*R -*	**R -**
*GEYSER RELAY (**only new houses in MBY**)*		*R -*	*R -*	*R -*	**R -**
		R -	*R -*	*R -*	**R -**
		R -	*R -*	*R -*	**R -**
		R -	*R -*	*R -*	**R -**
QUOTATION (attached)				*R -*	**R -**
This quotation is valid until 30 June of the current municipal financial year.				***TOTAL =***	***R -***

VOTE NUMBER:	*INCOME: 9/253-1350-9102 (New Connections)*	*EXPENDITURE:*	
COMMENTS:			
METER NUMBER:		***SEAL NUMBER:*** **1**	**2**

ALL ELECTRICAL METERS REMAIN THE PROPERTY OF SWARTLAND MUNICIPALITY

(1) PERSONAL / ACCOUNT INFORMATION OF APPLICANT

Name:			
I.D./Reg. number:			
V.A.T. number:			
Postal address:			
Contact details:	Tel:	Cell:	Email:

(2) INFORMATION REGARDING YOUR APPLICATION

Account number:				Erf number where supply is require:			
Address where supply is require:							
Mark the category of the premises:	Plot		House / Flat		Business		Other
If "Other", give description:							
Are you the owner of the premises ?	Yes		No		If "No", supply the name, address and contact details of the owner / authorised representative:		

(3) INFORMATION REGARDING YOUR ELECTRICAL INSTALLATION

Name & Address of **Registered Electrical Contractor** doing the installation:					
				Tel:	
Name & Address of **Registered Accredited Person** testing the installation:					
				Tel:	
Mark the type of installation:	Temporary		New installation		Alteration / Extension
Mark the type of supply require:		Single Phase			Three Phase
MAXIMUM DEMAND :		**kVA**		**kW**	**A**

(4)	**SIGNATURES**	**DATE & REGISTRATION NUMBERS**	
Owner / Authorised representative:		**Date:**	
Registered Electrical Contractor:		**D.O.L. No:**	WC
Registered Accredited Person:		**Reg. No:**	IE / ETSP

CONSENT for the processing of personal information in terms of the
Protection of Personal Information Act, Act 4 of 2013 ('POPIA')

I hereby authorise Swartland Municipality to use, review and process any personal information (as defined in POPIA) provided in this form in support of the application made hereby. I understand my right to privacy and the right to have my personal information processed in accordance with the conditions for the lawful processing of personal information and hereby give my consent to the Swartland Municipality to collect, process, store and distribute relevant personal information where the Municipality may be required to do so, solely in respect of this application, and to dispose of such personal information as required by law, on the understanding that the Municipality:

(i) implements reasonable security safeguards designed to protect personal data from loss, misuse, alteration, destruction or damage; and
(ii) takes steps to limit access to personal data to those officials who need to have access to it.

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Signature of customer/applicant **Date**