



Amajuba District Municipality

Customer Services

Application for Change of Customers Details

Account Number:  
(Customer reference)

**Please complete only the section to be changed and return it to the Billing Department.**

Change of Customer Details	Individuals	Companies
<input checked="" type="checkbox"/>		
Surname: <input type="text"/> Title: <input type="text"/> Firstnames: <input type="text"/> ID.number: <input type="text"/> Taxnumber: <input type="text"/>  Phone numbers home: <input type="text"/> work: F.Fax number: <input type="text"/> E-mail: <input type="text"/>  Present employer: <input type="text"/> tel.number: <input type="text"/> Department code: <input type="text"/>		CompanyName: <input type="text"/> Registrationnumber: <input type="text"/> Phonenumber: <input type="text"/> Fax number: <input type="text"/> Email address: <input type="text"/> :Applicant name: <input type="text"/> Applicant telephone: <input type="text"/> Business details: Please describe the Type of Business And provide a brief outline of the processes <input style="width: 100%; height: 80px;" type="text"/>

**Change of other details**

Part of Group account (YES/NO): <input type="text"/>	Group account number: <input type="text"/>
	Payment by group account (YES/NO): <input type="text"/>

Attachments: a) Authorised letter by Group Account holder (if applicable)

**Change of Address**

Postal:	Physical:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Do not forget to sign and date the form in the space provided**

Date	Applicant's signature	Company stamp (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**For office use only**

Authorisation: <input type="text"/>
Date: <input type="text"/>
By: <input type="text"/>