Ugu District Municipality
Distrik Munisipaliteit
Umasipala Wesifunda

P O Box 33 Port Shepstone 4240
28 Connor Street
Tel.: 039-6885820
Fax: 039-6824645
E.Mail:enquiries@ugu.gov.za

ACCOUNTS ADMIN REQUEST FORM

☐ Change of address ☐ Disconnection

LOT NO & AREA .....

DISCONNECTION DATE .....

ACCOUNT NO .....

PHONE NO .....

PREFERRED METHOD OF RECEIVING ACCOUNTS: ☐ EMAIL ☐ POST

EMAIL ADDRESS .....

INITIALS & SURNAME .....

IDENTITY NUMBER .....

NEW ADDRESS .....

.....

.....

.....

POSTAL CODE .....

For refund purposes:

BANKING DETAILS

Bank/Building Society	
Account no	
Bank code	
Type of Account	
Name of account holder	

Account will be credited within 4 to 6 weeks from closing date

DATE.....SIGNATURE.....

COPY OF ID DOCUMENT REQUIRED.PLEASE NOTE ONLY THE ACCOUNT HOLDER CAN REQUEST ANY CHANGES

For office use:

Meter no: ..... Meter reading: .....Date: .....

Request no: .....

Captured by:

Name: ..... Date.....

Signature: .....

Authorised by:

Name: ..... Date.....

Signature: .....