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|  | DEPARTMENT OF WATER AND SANITATION WATER MANAGEMENT SYSTEMResource Quality Services**Private Bag X313, PRETORIA, 0001.**Telephone: **0128089500** |
| **Please do NOT write in cells that are shaded.** |
| **Information submitted by:** |  |
| **Contact telephone number:** |  |
| **Region:** |  |
| **Date:** |  |
| DETAILS OF CONTACT PERSON / WATER USERA contact person / water user in the context of the Water Management System (WMS) is any person or institution that has a relation to the monitoring of water, or the management of water resources. These contacts are referred to Liaison Entities on the WMS. |
| **Surname:** |  |
| **Preferred Name:** |  |
| **Title:** *(Mark applicable title.) Note: Only these titles are applicable for this system* | **Dr** | **Mr** | **Ms** | **Prof** |
| **Initials:** |  |
| **First Name**(s): |  |
| **ID Number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Organisation(s) (For which the information of the person on this form is relevant)** |  |
| **Role of person within Organisation** |
| **Examples: Contact Person / Environmental officer / Legally Responsible / Manager, etc.** |  |
| **CONTACT DETAILS** |
| **Type** | Dialling code (town/suburb and code) | **Number** |
| Switchboard |  |  |
| Direct Line |  |  |
| Mobile Phone (Cell phone) |  |  |
| Facsimile |  |  |
| Facsimile (second line) |  |  |
|  |  |  |
| **Postal Address**  |
| Private Bag; P O Box or Number and Street Name for street delivery | Suburb | Town | Postal Code |
|  |  |  |  |
| **Physical Address** |
| Office number, name of building, number and street name | Suburb | Town | Postal Code |
|  |  |  |  |
| **Delivery Address**  *(If different to physical address, e.g. where deliveries go to a store / laboratory, etc.)* |
| Office number, name of building, number and street name | Suburb | Town | Postal Code |
|  |  |  |  |
| **e-mail address:** |  |
| **System ID** *(to be recorded after capture)* |  |