|  |  |
| --- | --- |
|  | DEPARTMENT OF WATER AND SANITATION WATER MANAGEMENT SYSTEM(Please delete this message, enter your office address here, then Save As this document on your PC for use. Do not use Track Changes when editing.) |
| **Please do NOT write in cells that are shaded.** |
| **Information submitted by:** |  |
| **Contact telephone number:** |  |
| **Region:** |  |
| **Date:** |  |
| **ORGANISATION / WATER USER** e.g. mineAn Organisation in the context of WMS is any company or organisation that monitors, impacts or manages water resources. |
| **Organisation Name:** (Full registered name)  |  |
| **Organisation Abbreviation:** (if applicable) |  |
| **Organisation Type** (Mark one of the following that best describes your Organisation) |
| Association | Committee | Company | Forum |
| Individual | Irrigation Board | Local Authority | Parastatal |
| National Government | Non Government Organisation | Organ of State | Provincial Government |
| Catchment Management Agency | Water Board | Water User Association | International Water Management Body |
| **Province** (Please indicate the province in which the organisation is located) |
| EC | Eastern Cape | FS | Free State | GP | Gauteng |
| KZN | KwaZulu-Natal | LP | Limpopo (Northern Province) | MP | Mpumalanga |
| NC | Northern Cape | NWP | North West Province | WC | Western Cape |
| **Elsewhere** (Please specify - e.g. Swaziland or Lesotho, etc.) |  |
| **Addressee:** (Select one from the following that best describes the title of the person to whom official correspondence must be addressed.) |
| Chairperson | Chief Executive Officer | Director | Director General |
| Manager | Managing Director | Chief Director | Municipal Manager |
| **Parent company or organisation:** (if applicable) |  |
| ***Start date of Organisation from DWAF’s perspective*** *(use 1960-01-01 unless clearly known)* |  |
| ***System ID*** *(to be recorded after capture)* |  |

|  |
| --- |
| **CONTACT DETAILS** |
| **Type** | Dialling code (town/suburb and code) | **Number** |
| Switchboard |  |  |
| Direct Line |  |  |
| Mobile Phone (if applicable) |  |  |
| 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** |
| 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:** |  |