

## **REGISTRATION/LICENSING PART 1**

## WATER SERVICES PROVIDER (INCLUDING WATER BOARDS)

1.	GENERAL INFORMATION	
	Mark the applicable option(s) with an X and/or complete details where applicable/available.  Indicate the nature of this application:  New registration Minor change  Formal amendment  Registration Number	
2.	PARTICULARS OF THE APPLICANT	
2.1	Name of Water Services Provider	
2.2	VAT Registration Number	
2.3	Postal Address	
	Postal Code	
2.4	Street Address (Only if diffferent from postal address)	
	Postal Code	
2.5	Contact Telephone Number During Office Hours	
	Area/cell code Number Ext	
	Alternative Contact Number	
	Area/cell code Number Ext	
2.6	E- mail	

Title Name Surname Telephone Area/cell code Number Area/cell code Number Fax Area/cell code Number Fax Cell Phone Number Fax Area/cell code Number E-mail Preferred Form Of Communication	Name						
Title  Name  Surname  Telephone  Area/cell code	Name						
Name   Surname   Telephone   Area/cell code   Number   Ext	Name   Surname   Telephone   Area/cell code   Number   Ext		RSON DETA	AILS			
Surname  Telephone  Area/cell code  Number  Ext  Cell Phone Number  Area/cell code  Number  Fax  Area/cell code  Number  Ext  Preferred Form Of	Telephone						
Telephone	Telephone						
Area/cell code	Area/cell code Number  Cell Phone Number  Area/cell code Number  Fax  Area/cell code Number Ext  Preferred Form Of						
Cell Phone Number  Area/cell code  Fax  Area/cell code  Number  E-mail  Preferred Form Of	Cell Phone Number  Area/cell code  Fax  Area/cell code  Number  E-mail  Preferred Form Of				Number		
Area/cell code  Fax  Area/cell code  Number  E-mail  Preferred Form Of	Area/cell code  Fax  Area/cell code  Number  E-mail  Preferred Form Of		 mbor		Number	EXI	
Fax Area/cell code Number E-mail Preferred Form Of	Fax Area/cell code Number E-mail Preferred Form Of				Number		
Area/cell code Number Ext E-mail  Preferred Form Of	Area/cell code Number Ext E-mail  Preferred Form Of						
E-mail Preferred Form Of	E-mail Preferred Form Of				Number	Ext	
Preferred Form Of	Preferred Form Of						
		Communication					
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## **Declaration by applicant** (or person who was granted power of attorney by the applicant)

Surname of delegated person:			Title:
Initials:			
ID number:			
Passport number: (if not a holder of South African ID) Expiry date (ccyy/mmdd): Position or official status			
Delete the words that are not applicated declare that the information provided by	able I/we y me/us in this application for	rm is, to the best of my/our kno	(FULL NAME(S)) hereby wledge, true and correct.
Signature		Thumb print	Contact number during office hours
Designation of signatory			Date (ccyy/mm/dd)

It is a criminal offence to provide information that is false or misleading.

4.	LIST	OF PART 2 DOCUMENTS (	WATER USE F	RELATED FORMS)		
	Marl	with an X which of the follow	ing documents	have been submitted with this	application	
		DW760 NWA-Section 21(a)		DW768 NWA-Section 21(i)		
	П	DW761 NWA-Section 21(b)		DW780 NWA-Section 21(h)		
		DW762 NWA-Section 21(b)		DW805 NWA-Section 21(j)		
		DW763 NWA-Section 21(c)		DW806 NWA-Section 21(k)		
		DW764 NWA-Section 21(d)		DW901 Property or properties where	e water use occurs	
		DW765 NWA-Section 21(e)		DW902 Details of property owner		
		DW766 NWA-Section 21(f)		DW903 Actual/Monitored waste disc	charge details NWA-Section 21(f/h)	
		DW767 NWA-Section 21(g)		DW904 Actual/Monitored waste disc	charge details NWA-Section 21(e/g)	
5.	THIS	SECTION IS RESERVED F	OR OFFICE US	SE ONLY		
5.1	Bill	ing information				
5.1.1		WMA for billing*				
	* Wa	iter Management Area Codes				
	01 L	ітроро	05 Va	al	09 Berg-Olifants	
	02 C	lifants	06 Or	06 Orange		
	03 Ir	komati-Usuthu	07 Mz	07 Mzimvubu-Tsitsikamma		
	04 P	ongola-Umzimkulu	08 Br	eede-Gouritz		

☐ Yes

Mark with an X which of the following documents have been submitted with this application

☐ No

Is WSP to be registered as a Billing Agent?

☐ Certified copy of passport

☐ Certified copy of South African identity document

5.1.2

5.2

	dcopy Register File N	0)	
Vater Use Register Numbe	er		
Received by:			
Surname			
nitials			
Position / Rank			
Signature			Date (ccyymmdd)
Captured on NRWU databa	ase		
Captured by: Surname			
Surrame			
Initials			
Signature			
			Date stamp of receiving office
Quality Assurance Execute Surname	d by:		Initials
Suriaille			Illidas
Position / Rank			
Position / Rank			
			Date (ccyymmdd)
Position / Rank Signature			Date (ccyymmdd)
			Date (ccyymmdd)
			Date (ccyymmdd)
			Date (ccyymmdd)