



## water & sanitation

Department:  
Water and Sanitation  
REPUBLIC OF SOUTH AFRICA

### REGISTRATION/LICENSING PART 1

### Water Use Association--Including: Irrigation Boards, Subterranean Water Control Boards, Water Boards for Stock Watering, Settlement Boards, Water Conservation 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

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#### 2. PARTICULARS OF THE APPLICANT

2.1 Select the type of association

- Irrigation Board  Subterranean Water Control Board  
 Water Board For Stock Watering  Settlement Board  
 Water Conservation Board  Government Water Scheme  
 Established Water User Association

2.2 Name of Water User Association

2.3 Area where Water Use Occurs

(To be completed if the Water User Association is registering as a billing agent)

2.4 For established Water User Association

Gazette notice number

Gazette notice date  
(ccyy/mm/dd)

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2.5 For non-established Water User Association

Has proposal to establish a Water User Association been submitted to the Department?  Yes  No

If yes, the date the plan was submitted (ccyy/mm/dd)

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2.6 VAT registration number

2.7 Postal address

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Postal Code

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2.8 Street address

(Only if different from postal address)

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Postal Code

**2.9 Contact telephone number during office hours**  
Area/cell code  Number  Ext

**Alternative contact number**  
Area/cell code  Number  Ext

**2.10 E-mail** \_\_\_\_\_

**3. CONTACT PERSON DETAILS**

**3.1 Title** \_\_\_\_\_

**3.2 Name** \_\_\_\_\_

**3.3 Surname** \_\_\_\_\_

**3.4 Telephone**  
Area/cell code  Number  Ext

**3.5 Cell Phone Number**  
Area/cell code  Number

**3.6 Fax**  
Area/cell code  Number  Ext

**3.7 E-mail** \_\_\_\_\_

**3.8 Preferred Form Of Communication** \_\_\_\_\_

**Declaration by applicant (or person who was granted power of attorney by the applicant)**

Surname of delegated person:

Title:

Initials:

ID number:

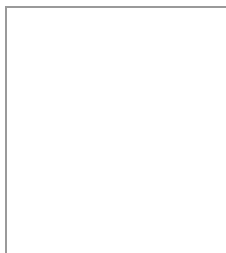
Passport number:

(if not a holder of South African ID)

Expiry date (ccyy/mmdd):

Position or official status

Delete the words that are not applicable I/we \_\_\_\_\_ (FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, 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 RELATED FORMS)

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

- |  |   |
|--|---|
| <input type="checkbox"/> DW760 NWA-Section 21(a) | <input type="checkbox"/> DW768 NWA-Section 21(i)  |
| <input type="checkbox"/> DW761 NWA-Section 21(b) | <input type="checkbox"/> DW780 NWA-Section 21(h)  |
| <input type="checkbox"/> DW762 NWA-Section 21(b) | <input type="checkbox"/> DW805 NWA-Section 21(j)  |
| <input type="checkbox"/> DW763 NWA-Section 21(c) | <input type="checkbox"/> DW806 NWA-Section 21(k)  |
| <input type="checkbox"/> DW764 NWA-Section 21(d) | <input type="checkbox"/> DW901 Property or properties where water use occurs                |
| <input type="checkbox"/> DW765 NWA-Section 21(e) | <input type="checkbox"/> DW902 Details of property owner                                    |
| <input type="checkbox"/> DW766 NWA-Section 21(f) | <input type="checkbox"/> DW903 Actual/Monitored waste discharge details NWA-Section 21(f/h) |
| <input type="checkbox"/> DW767 NWA-Section 21(g) | <input type="checkbox"/> DW904 Actual/Monitored waste discharge details NWA-Section 21(e/g) |

#### 5. THIS SECTION IS RESERVED FOR OFFICE USE ONLY

<b>5.1</b>	<b>Billing information</b>		
<b>5.1.1</b>	<input type="text"/>	<input type="text"/>	WMA for billing*
	* Water Management Area Codes		
	01 Limpopo	05 Vaal	09 Berg-Olifants
	02 Olifants	06 Orange	
	03 Inkomati-Usuthu	07 Mzimvubu-Tsitsikamma	
	04 Pongola-Umzimkulu	08 Breede-Gouritz	
<b>5.1.2</b>	District Municipal Establishment Levy Payable	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5.1.3</b>	Is WUA to be registered as a Billing Agent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5.2</b>	<b>Mark with an X which of the following documents have been submitted with this application</b>		
	<input type="checkbox"/> Certified copy of South African identity document		
	<input type="checkbox"/> Certified copy of passport		

File number (i.e. Office Hardcopy Register File No)

Water Use Register Number

Received by:

Surname

Initials

Position / Rank

Signature

Date (ccyymmdd)

Captured on NRWU database

Captured by:

Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:

Surname

Initials

Position / Rank

Signature

Date (ccyymmdd)