



## water & sanitation

Department:  
Water and Sanitation  
REPUBLIC OF SOUTH AFRICA

### SUPPLEMENTARY WATER USE INFORMATION DETAILS OF PROPERTY OWNER

*Should more than one property owner be applicable to a 'property where water use occurs', an additional DW902 must be completed for each additional property owner.*

#### 1. DETAILS OF PROPERTY OWNER

##### 1.1 Nature of property owner (mark only one block with X)

- |   |   |
|---|---|
| <input type="checkbox"/> Individual (complete 1.2)                                  | <input type="checkbox"/> Provincial Department (complete 1.5)   |
| <input type="checkbox"/> Company, business, partnership or community (complete 1.3) | <input type="checkbox"/> Water Services Provider (complete 1.6) |
| <input type="checkbox"/> National Department (complete 1.4)                         | <input type="checkbox"/> Water User Association (complete 1.7)  |

##### 1.2 If property owner is an individual

1.2.1 Surname  Maiden Name

Initials  Title  Position or official status

Marital Status (mark only one):  Married In Community Of Property  Married Out Of Community Of Property  
 Unmarried

##### 1.2.2 If holder of South African ID:

ID Number

##### 1.2.3 If not holder of South African ID:

Passport No.

Expiry Date (ccyymmdd)

Country of issue

##### 1.3 If the property owner is a company, business, partnership or community:

##### 1.3.1 Name of company, business, partnership or community:

##### 1.3.2 Trading name if different from name of company, business, partnership or community:

##### 1.3.3 Type of Enterprise (mark only one with an X)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 06 Public Company (Ltd)  | <input type="checkbox"/> 07 Private Company (Pty) Ltd | <input type="checkbox"/> 08 Article 21 (Association inc under Section 21) |
| <input type="checkbox"/> 09 Limited By Guarantee  | <input type="checkbox"/> 10 External Company          | <input type="checkbox"/> 11 External Company under Article 21             |
| <input type="checkbox"/> 20 Transvaal Ordinance   | <input type="checkbox"/> 21 Incorporated (Inc)        | <input type="checkbox"/> 22 Unlimited                                     |
| <input type="checkbox"/> 23 Close Corporation (CC)  | <input type="checkbox"/> Parastatal                   | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Other [i.e. Non-CIPRO Company Types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust & Parastatal] |   |   |

1.3.4 Business Enterprise Registration Number

1.3.5 Date Established (ccyymmdd)

Country Where Established

1.4 If the property owner is a National Department:

1.4.1 National Department Name:

1.5 If the property owner is a Provincial Department:

1.5.1 Province:

1.5.2 Provincial Department Name:

1.6 If the property owner is a Water Services Provider:

1.6.1 Name of WSP:

1.7 If the property owner is a Water User Association:

1.7.1 Name of WUA:

1.8 Postal Address:

Postal Code

1.9 Street Address (only if different from postal address):

Postal Code

1.10 Contact Telephone Number During Office Hours

Area/cell code  Number  Ext

Alternative contact number

Area/cell code  Number  Ext

**2. DECLARATION BY PROPERTY OWNER**

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**2.1** Property owner or delegated person:

Surname

Initials  Title

ID number

**2.2** If not a holder of South African ID:

Passport No.

Expiry Date (ccyymmdd)

Country of issue

**2.3** Position or official status:

**2.4** I declare that the applicant defined in this application has lawful access to the property and carry out the water use activity or activities related to this application.

Signature  Date (ccyymmdd)

Thumbprint (only if requested)

**3. LIST OF ATTACHED DOCUMENTS** *(mark each document type attached with an X)*

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- 3.1**  Certified copy of identity document or passport.
- 3.2**  Certified copy of Property Owner Document [refer Section 2 of DW901 (Property Title Deed or Deeds printout)].
- 3.3**  Certified copy of lease agreement (refer paragraph 1.6 of DW901)
- 3.4**  Certified copy of the "power of attorney" or appropriate supporting documentation

**4. FOR OFFICE USE ONLY**

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Received by:

Surname

Initials

Position / Rank

Signature

Captured on NRWU database (ccyymmdd)

Captured by:

Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:

Surname

Initials

Position / Rank

Signature

Date (ccyymmdd)