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|  | 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:** |  |
| 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)* |  |