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|  | DEPARTMENT OF WATER AND SANITATIONWATER MANAGEMENT SYSTEMResource Quality Services **Private Bag X313, PRETORIA, 0001.**  Telephone: **0128089500** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Please do NOT write in cells that are shaded.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Information submitted by:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Contact telephone number:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Region:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **Date:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| DETAILS OF CONTACT PERSON / WATER USER A 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)* | | | | | | | | | | | | | |  | | | | | | | | | | | | | |