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|  | DEPARTMENT OF WATER AND SANITATION WATER MANAGEMENT SYSTEMResource Quality Services**Private Bag X313, PRETORIA, 0001.**Telephone: **0128080374** |
| **Information submitted by:** |  |
| **Contact telephone number:** |  |
| **Region:** |  |
| **Date:** |  |
| **ORGANISATION / WATER USER** e.g. mineAn Organisation in the context of WMS is any company or organisation that monitors, impacts or manages water resources. |
| **Organisation Name:** (Full registered name)  |  |
| **Organisation Abbreviation:** (if applicable) |  |
| **Organisation Type** (Mark one of the following that best describes your Organisation) |
| Association | Committee | Company | Forum |
| Individual | Irrigation Board | Local Authority | Parastatal |
| National Government | Non Government Organisation | Organ of State | Provincial Government |
| Catchment Management Agency | Water Board | Water User Association | International Water Management Body |
| **Province** (Please indicate the province in which the organisation is located) |
| EC | Eastern Cape | FS | Free State | GP | Gauteng |
| KZN | KwaZulu-Natal | LP | Limpopo (Northern Province) | MP | Mpumalanga |
| NC | Northern Cape | NWP | North West Province | WC | Western Cape |
| **Elsewhere** (Please specify - e.g. Swaziland or Lesotho, etc.) |  |
| **Addressee:** (Select one from the following that best describes the title of the person to whom official correspondence must be addressed.) |
| Chairperson | Chief Executive Officer | Director | Director General |
| Manager | Managing Director | Chief Director | Municipal Manager |
| **Parent company or organisation:** (if applicable) |  |
| ***Start date of Organisation from DWAF’s perspective*** *(use 1960-01-01 unless clearly known)* |  |
| ***System ID*** *(to be recorded after capture)* |  |

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| **CONTACT DETAILS** |
| **Type** | Dialling code (town/suburb and code) | **Number** |
| Switchboard |  |  |
| Direct Line |  |  |
| Mobile Phone (if applicable) |  |  |
| Facsimile |  |  |
| Facsimile (second line) |  |  |
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| **Postal Address**  |
| Private Bag; P O Box or Number and Street Name for street delivery | Suburb | Town | Postal Code |
|  |  |  |  |
| **Physical Address** |
| Name of building, number and street name | Suburb | Town | Postal Code |
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| **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 (everything before @)** |  | **Domain e.g. @somewhere.com** |  |