

## POWER OF ATTORNEY

### PERSONAL INFORMATION

COMPANY NAME	
REGISTRATION NUMBER	
FULL NAMES AND SURNAME	
ID NUMBER	
E-MAIL ADDRESS	
WORK CONTACT NR.	
CELL NR.	

### PROPERTY INFORMATION

STAND NR.	
STREET NAME.	
SUBURB	
EXTENTION	
RATES AND TAXES ACC NR	
UTILITIES ACC NR	

The above mentioned hereby grant permission and power of attorney to:

- ERASMUS JOHANNES SMIT ID NO 580905 5104 086 or
- ERASMUS JOHANNES SMIT ID NO 930119 5620 086 or
- LOUISA TRUDIE VAN NIEUWENHUIZEN ID NO 9008250032087

As my representative to handle my queries at the Tshwane Municipality in respect of: (Please tick)

New Services Connection (Electricity and / or Water and Sanitation)	
Disconnection of Services (Electricity and / or Water and Sanitation)	
New Meter Application (Conventional Electricity / Prepaid Electricity / Water	
Account Enquiries, Statements, Billing, Updates, Information Update	
Property Rates & Taxes Enquiries, Adjustments & Follow Up's	
If Any Other, Please Specify:	

The above mentioned hereby grants permission that the below marked documents and information there of shall be used solely for the purpose stated above. This information may be disclosed and addressed with an official at the Municipalities of Tshwane. This information will only be disclosed to the relevant parties in the time-frame that the purpose stated above is concluded. COT Account and Meter Services undertakes to ensure that appropriate security control measures are implemented to protect all the information to be submitted in this document and as received.

The following documents is included: (Please tick)

Copy of ID. If more than one, please specify.	Meter Readings	
Municipal Statements	Tshwane services application form (if applicable)	
Deed Search (If applicable)	Tshwane services cancellation form (if applicable)	
Letter of Attorney that completed registration(If applicable)	Pre-paid meter application form (if applicable)	
Affidavit (if applicable)	Tshwane refund application form (if applicable)	

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

SIGNATURE \_\_\_\_\_