

THABA CHWEU

Lydenburg Head Office:
Tel:013 235 7300
Fax:013 235 1108

Sabie Unit:
Tel: 013 235 7444
Fax: 013 764 1108

Graskop Unit:
Tel: 013 767 7448
Fax: 013 767 1108
www.thabachweu.gov.za



24 Hors Emergency no:
Tel: 013 235 1788
013 235 7370
Toll free: 0800 007 222

PO Box 61
Lydenburg 1120
Cnr. Viljoen & Sentraal Streets

All Correspondence to be
directed

LOCAL MUNICIPALITY

INDIGENTS NEW APPLICATION FORM

SECTION A: APPLICANT'S INFORMATION.

1. Applicant's name and surname: _____
2. Contact number: _____
3. I.D no: _____
4. Residential address: _____
5. Municipal account number: _____
6. Ward number: _____
7. Source of income: _____
8. Electricity meter number: _____
9. Total number of adults: _____
10. Total household income: _____

SECTION B: AFFIDAVIT.

I the undersigned _____
Residing at no: _____ declare solemnly under oath that
all the details in this application form are true and correct. I am aware that I could be prosecuted if any of the
details given in this application form is incorrect and fraudulent.

APPLICANT SIGNATURE

DATE

I certified the deponent has acknowledged that he/she knows and understand the contents of this
declaration which was sworn to/affidavit before me and deponent signature/thumbprint was placed
thereon in my presence.

COMMISSIONER OF OATH

DATE

NAME: _____
CAPACITY: _____
ADDRESS: _____
TOWN: _____

STAMP

I _____, as the ward councillor for ward number _____ solemnly
declare that all the details for the applicant on this form are true and correct to the best of my knowledge.

SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY:

1.Cetified identity document	4. Letter of authority	7.Section A & B are fully completed
2.Pay slip	5. Consumer account copy	8. Ward signature
3.Sassa letter (where applicable)	6Unemployment letter	

RECEIVED BY: _____

DATE _____