

# THABA CHWEU

**Lydenburg Head Office:**  
Tel:013 235 7300  
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**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 RENEWAL 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** \_\_\_\_\_