

**NB:** This registration must be completed by the legal occupier of the dwelling, and must be an existing Eskom customer who has a legal Eskom electricity supply. The identity number and document must belong to the applicant.

**ATTACH USED TOKEN  
HERE OR COPY OF  
YOUR ACCOUNT**

**Customer Details:**

1. Title: ..... 2. Initials: .....

3. Surname: .....

4. First Name: .....

Telephone Number .....

5. Identity Number: 

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6. Stand/Lot Number: .....

7. Township/ Area: .....

8. LV Pole Number: .....

9. Trf / MV Pole number: .....

Eskom Account Number: .....

10. Meter number: 

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11. Vending station where FBE token will be collected: .....

12. Street Address: .....

Postal Code: .....

13. Tel. No: H ( ) ..... W ( ) ..... Cell. ....

**Terms and conditions:** This registration is only valid subject to the approval and availability of funds as provided by the local municipality. Eskom may upon the request from the municipality or in the event of the municipality defaulting on the payment of the provision of the EBSST service, terminate the provision of Free Basic Electricity as per this registration. The amount of kWh provided as FBE will be subject to the amount determined by the municipality and may be revised from time to time. Eskom may terminate this registration should the installation or meter be found to be tampered with in any way. Eskom may recalibrate the meter supply size should this be the agreed principles between Eskom and the municipality. In the event that the meter should be recalibrated upon the termination of this registration, the customer will be liable for the cost thereof. Save as provided herein, the parties' reciprocal rights and obligations in terms of the Main Agreement referred to above, remain unaffected.

**Signature:** .....

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For office use**

Existing Tariff: .....

New Tariff: .....

Energy Balancing Code: 

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Field audit required?

YES

NO

Meter change out required?

YES

NO

Trf / Pole number: .....

Stand Number: .....

Meter or Installation tampered with?

YES

NO

New Meter Number:

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Data updated on CC&B:

YES

NO

By whom: .....

**Signature:** .....

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# LEPELLE-NKUMPI LOCAL MUNICIPALITY-INDIGENT APPLICATION FORM

## Section A: DEMOGRAPHIC INFORMATION

14	Is household head a pensioner? (tick yes or no)	Yes	NO	Is household head a disabled person?	Yes	No
14.1	If a household head is a pensioner , provide pension number					
14.2	If a household head is a disable person, provide disability number					
15	Provide the marital status of the household head(tick in the box below of approximate selection)					
15.1	Single		Divorced		Widow	Widower
15.2	Married in community of property		Married out of community of property		Customary marriage	
16	If household head is married provide the ID of spouse					
17	If the spouse of the household head is a person with disability, provide disability number					
18	If property in which the household head lives is not his/hers, provide name of owner					
18.1	If household head is not owner, what is the relation with owner					

## Section B: PROPERTY DETAILS

19.	Stand Number					
20.	Ward					
21	Services account number					
22	Residential Address					
23	Do you have rental units on your Stand?	Yes		No		
24	Do you have an electrical meter on your stand	Yes		No		
24.1	What type of an electrical meter do you have?	Pre-paid		Conventional type with monthly bills		
24.2	Your average monthly payment for electricity is	R				
24.3	Have you complete a service agreement with your local municipality	Yes		No		
25.	Do You Have meter for Water	Yes		No		
26.	What is your average monthly payment with respect to the following service					
	Water	Refuse	Sewerage	Assessment Rates		
Rand						

Section C: INCOME DETAILS			
27	If you have rentals on your stand, the gross monthly income from all occupants is between		
	0 and R3 500		R3 500 and upwards
28	Details of other fixed properties on the stand		
	Property	Value(Rands)	

Section D: Socio-Economic Aspects			
Have you ever worked before? (tick)		Yes	No
If yes above, what type of work		Type of Work:	
Are you still working?		Yes	No
If no, what was the reason for your leaving your job?			
Reason:			
Date of leaving your last employment		Date:	
Name of Last employer:			
Address of last employer:			
Telephone of last employer:			
Your name and surname		Your Signature:	
Cell number:		Date:	

LEPELLE-NKUMPI LOCAL MUNICIPALITY- INDIGENT APPLICATION FORM																			
Name of field Worker																			
ID no of field worker																			
Name of the Ward where work was done																			
Signature of field worker:										Date:									

**LIST OF ALL PERSONS LIVING IN THE HOUSEHOLD**

Surname	First Name	Age	Relation to applicant	Economic/Employment Status	Sources of Income
			Choose one below	Choose one below	Choose one below
			1= Self	1=Informal Employment	1=formal employment
			2= Spouse	2=Self employment	2=Self employment
			3=Child	3=Part-time employment	3=Part-time employment
			4=Grandchild	4=Unemployment	4=Unemployment
			5=Parent	5=Pensioner	5=Pensioner
			6=Tenant	6=Disabled	6=Disabled
				7=scholar/student	7=UIF
				8=Pre-school	8 Relatives
	9=Grant	9=Grant			
		10=none			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					