

# Registration for the supply of Free Basic Electricity (EBSST) Homelight Supplies

Doc. No.

Oct 03 Rev. 0

**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.

Customer Details:  1. Title:	ATTACH USED TOKEN HERE OR COPY OF YOUR ACCOUNT
6. Stand/Lot Number:	hip/ Area:
8. LV Pole Number	V Pole number:
Eskom Account Number	
10. Meter number:	
11Vending station where FBE token will be collected:	
12. Street Address:	
	Postal Code:
13. Tel. No: H ( ) W ( )	Cell
upon the request from the municipality or in the event of the municipality del provision of Free Basic Electricity as per this registration. The amount of kWh and may be revised from time to time. Eskom may terminate this registratic Eskom may recalibrate the meter supply size should this be the agreed princi	ples between Eskom and the municipality. In the event that the meter should able for the cost thereof. Save as provided herein, the parties' reciprocal rights
Signature:	<u>Date:</u> /
For office use	W 355 V 614
Existing Tariff: New Tariff: Energy B	alancing Code:
Field audit required? YES NO	Meter change out required?
Trf / Pole number:	Stand Number:
Meter or Installation tampered with?	NO
New Meter Number:	
Data updated on CC&B: YES NO	By whom:
Signature:	<u>Date:</u> //

## LEPELLE-NKUMPI LOCAL MUNICIPALITY-INDIGENT APPLICATION FORM

#### **Section A: DEMOGRAPHIC INFORMATION**

14	Is household head a	Yes	NO	Is household	head a	Yes	No
	pensioner? (tick yes or no)			disabled pers	son?		
14.1	If a household head is a pensio	ner , provi	de pension	number			
14.2	If a household head is a disable number	person, p	rovide disak	pility	5		
15	Provide the marital status of the	ne househo	old head(tick	in the box bel	ow of appr	oximate sele	ction)
15.1	Single Divor	ced		\	Vidow	Widower	
15.2	Married in community of prop	erty		d out of unity of proper		Customary narriage	
16	If household head is married p the ID of spouse	rovide	4340				
17	If the spouse of the household disability, provide disability nu		erson with		28		
18	If property in which the housel provide name of owner	nold head l	ives is not h	is/hers,	C. MC-CACA		
18.1	If household head is not owner	r, what is th	he relation v	with owner		1/1	
	/ //	Section	R. DRODERT	V DETAILS		111	

							74.5		
19.	Stand Number					ta Sarada		16	\
20.	Ward		TV		122	TYN A	R	M/	n
21	Services account number	ir	Ž	V		Y			
22	Residential Address	0.0	T		\displaystar		f		
23	Do you have rental units	on your Stand?		29	Yes		No	18	
24	Do you have an electrical meter on your stand				Yes		No		
24.1	What type of an electrical meter do you have?		1		Conventional type with monthly bills				
24.2	Your average monthly p	ayment for elec	tricity is		R		1		
24.3	Have you complete a semunicipality	rvice agreement	t with you	r local	Yes	200	14	No	
25.	Do You Have meter for Water			1	Yes	D.		No	
26.	What is your average me	onthly payment	with respo	ect to the fol	lowing	servic	e		
	Water	Refuse		Sewerage			Assessi	ment R	ates
Rand									

Section C: INCOME DETAILS					
27	If you have rentals on yo	ur stand, the gross monthly income from all oc	cupants is between		
	0 and R3 500	R3 500 and upwards	5		
28	Details of other fixed pro	perties on the stand			
	Property	Value(Rands)			

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Section	D: Socio-Econom	nic Aspects			
	000		00		
Have you ever worked before? (tick)	CUC	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:	RIROD				
Date of leaving your last employment	Date:		8		
Name of Last employer:	93 Di	office Total	-		
Address of last employer:	9 93		A		
Telephone of last employer:			100		
Your name and surname	Your Signature:				
Cell number:	Date:	* V /2		lui .	
	- A	100		3	
1.1					
LEPELLE-NKUMPI LOCAL MUNICIPALITY- INC	DIGENT APPLICA	TION FORM	The state of the s		
Name of field Worker		To !			
ID no of field worker			> V / 7 K		

Date:

Name of the Ward where work was done

Signature of field worker:

### 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
		0.0	1= Self	1=Informal Employment	1=formal employment
		535	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
	1		72 ZE	8=Pre-school	8 Relatives
			(4))	9=Grant	9=Grant
/					10=none
1.				V SAME	11/7
2.		a po	Ala	(本)	
3.		35	-		
4.			9577		1 1/2
5.				E-V	
6.	CAN	7/1	100	P D S Y S	ZA
7.	100	1			7
8.	120				0