ALVIS BAR OR DUR OASISTIES OF OUR OASISTIES PROUR OASISTIES APPLICATION FOR THE DISCONNECTION OF SERVICES AUXION OF METERS				
Water Purified Water	Refuse Bin (if applicable)	Portable Water Meter		
		Sebata System Erf No Office Use Only		
		ERF NUMBER AND SUBURB		
		SHOP/FLAT/ UNIT NO. STREE	T ADDRESS (To be disconnected)	
SURNAME OR NAME OF COMPANY				
FIRST NAME AND INITIALS				
		BUILDING / FLAT NAME		
IDENTITY NUMBER (Proof to be attached)		TELEPHONE NUMBERS		
INITIALS AND IDENTITY NUMBER OF SPOUSE			(Home)	
			(Work)	
CURRENT / NEW POSTAL ADDRESS			(Cell)	
			(E-mail)	
		CONTACT DETAILS OF PR	ESENT OR FUTURE EMPLOYER	
		* CONTACT DETAILS OF FA	MILY MEMBER / FRIEND	
SIGNATURE: OCCUPIER / CONSUMER / TENANT	DATE			
Compulsory. All information provided in these		nection of the service and	the closure of accounts.	
OFFICE USE ONLY	Date Address Type Confirmed		eadings Signature	
NETER NO.	Full Term	ination:	rst	
1	Normal Te	Fi	nal	
NETER NO. CUSTOMER SERVICE OFFICER / FINANCE				
METER READING	SUPERVISOR CUSTOMER SERVIC	CE / FINANCE		

SUPERVISOR FINANCE