

DW902



water & sanitation

Department:
Water and Sanitation
REPUBLIC OF SOUTH AFRICA

SUPPLEMENTARY WATER USE INFORMATION

DETAILS OF PROPERTY OWNER

Should more than one property owner be applicable to a 'property where water use occurs', an additional DW902 must be completed for each additional property owner.

1. DETAILS OF PROPERTY OWNER

1.1 Nature of property owner (mark only one block with X)

- Individual (complete 1.2)
 Provincial Department (complete 1.5)
- Company, business, partnership or community (complete 1.3)
 Water Services Provider (complete 1.6)
- National Department (complete 1.4)
 Water User Association (complete 1.7)

1.2 If property owner is an individual

1.2.1 Surname Maiden Name

Initials Title Position or official status

Marital Status (mark only one):

Married In Community Of Property
 Married Out Of Community Of Property

Comment [CU1]: Landowner to confirm marital status

1.2.2 If holder of South African ID:

ID Number

1.2.3 If not holder of South African ID:

Passport No.

Expiry Date (ccyyymmdd)

Country of Issue

1.3 If the property owner is a company, business, partnership or community:

1.3.1 Name of company, business, partnership or community:

1.3.2 Trading name if different from name of company, business, partnership or community:

1.3.3 Type of Enterprise (mark only one with an X)

- 06 Public Company (Ltd)
 07 Private Company (Pty) Ltd
 08 Article 21 (Association Inc under Section 21)
- 09 Limited By Guarantee
 10 External Company
 11 External Company under Article 21
- 20 Transvaal Ordinance
 21 Incorporated (Inc)
 22 Unlimited
- 23 Close Corporation (CC)
 Parastatal
 Trust
- Other [i.e. Non-CIPRO Company Types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust & Parastatal]

DW502

4. FOR OFFICE USE ONLY

Received by:

Surname

[Grid for Surname]

Initials

[Grid for Initials]

Position / Rank

Signature

[Signature line]

Captured on NRWU database (ccymmdd)

[Grid for Date]

Captured by:

Surname

[Grid for Surname]

Initials

[Grid for Initials]

Signature

[Signature line]

[Large empty box for date stamp]

Date stamp of receiving office

Quality Assurance Executed by:

Surname

[Grid for Surname]

Initials

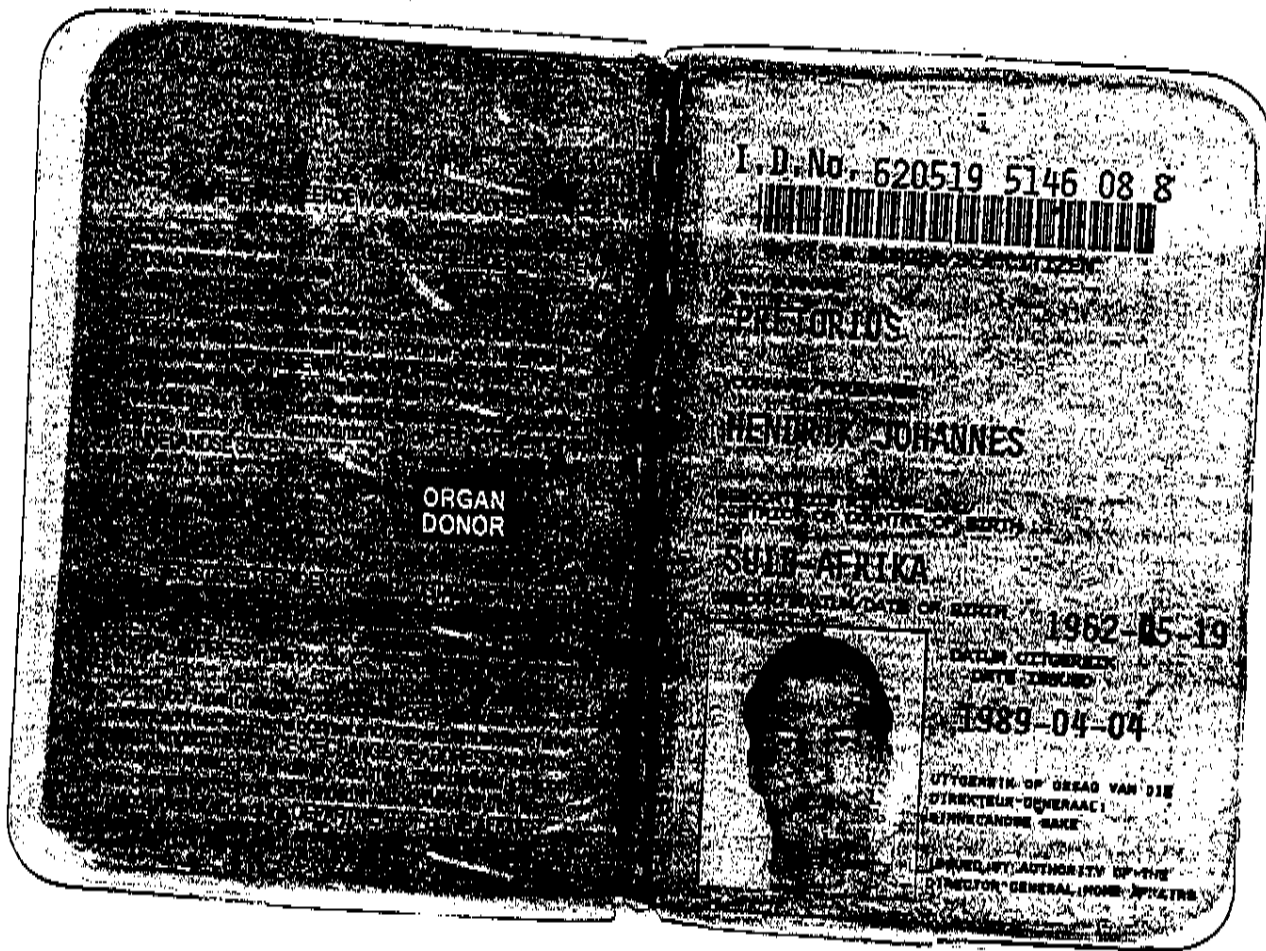
Position / Rank

Signature

Date (ccymmdd)

[Grid for Date]

[Signature line]



Certified true copy of the original documentation and good likeness of the party. Documents verified.

Signature: *[Handwritten Signature]*

Personnel Number: *16553009*

SBFC Western Cape

Date: *2015-3-24*