

e-mail: bfwmetering@absamail.co.za

Fax: 0866 420 999

Cell: 082 PRE PAID or 082 773 7243

The Electricity Prepaid Specialists!

You have not had the best advice, until you have spoken to us!

APPLICATION: BUSINESS CONSUMER																	
Unit reference nr.				-					-				-				(issued by our office and for reference in future)
Account nr.																	(Company registration nr.)
SECTION A: Company details																	
Name of business																	Preferred language English Afrikaans
Company registra	tion n	ır.															
VAT registration n	ır.																
Business tel nr.	()				-								
Business fax nr.	()				-								
Business e-mail																	
Type of business																	
Name and Surname	of pr	оху															
ID- or Passport nr.	of pro	оху															
Details of the Directors/Members/Partners/Trustees																	
Initials and Surname											Res	identi	al ado	Contact nr. (h or cellphone)			
Occupation date i.e. date moved in									2	0			(dd/	mm/y	yyy)		
IMPORTANT: This application can not be processed UNLESS ALL documentation listed below is attached to this application form.																	
If th	is ap	olicat	ion is	not	proce	essed	the	client	will	not b	e abi	e to p	ourch	ase e	elect	ricit	ty credits for the prepaid meter.
1. Copy of the Iden	itity d	ocume	ent of	the a	pplica	ant.											
2. Copy of the Iden	itity d	ocume	ent of	the p	erson	hand	ing in	this a	pplice	ation (on be	half o	f the (applica	ant.		
		-						-				_	-	_			and a copy of his/her Identity document.
						Certifi	cate o	f Occi	upatio	on and	l a Ce	rtifica	te of	Comp	lianc	e foi	r the electrical installation.
 Proof of paymen A deposit can no 	-			-		arties	no ex	centi	าทรเพ	ill he i	allow	od or i	accon	mode	nted		
o. A deposit cumin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				.c.i pe	<i></i> (103)	110 03							upat			
If the annlicant is the	Owne	er or B	uver	a con	v of th	he Off	er to l							•			te of Occupation, must be furnished
If the applicant is the Owner or Buyer, a copy of the Offer to Purchase of the Deed of Sale, stipulating the Date of Occupation, must be furnished.																	
The Owner must also provide a copy of his/her Identity document. If the Applicant is the Tenant, a copy of the lease agreement, stipulating the Date of Occupation, must be supplied.																	
If the Applicant is the Tenant, a copy of the lease agreement, stipulating the Date of Occupation, must be supplied. Alternatively:																	
The *Agent/Owner may complete and sign the following in the case of leased properties. (copy of the ID. doc. of the Owner must be furnished.)																	
<i>I,</i>	, *Agent/Owner confirms that (the Tennant)																
* has moved/will i	nove	in	to the	e pren	nises d	on					2	0			(dat	te of	occupation dd/mm/yyyy)
* please delete t	he ind	applica	able p	hrase													
									_								
							Date										

SECTION C: Particulars of the Premises													
Services applied for Electricity Water Sanitation Tariff options where applicable													
Complex/Flat name Unit nr.													
Street name Street nr.													
Suburb Erf description/nr.													
This unit is Newly built An existing unit In the process of being built The electrcity to the premises is Switched	ON Switched OFF												
Previous residential address													
Physical address of Applicant if different to the service address													
SECTION D: References													
Details of spouse if applicable													
Surname Title Cell nr.													
Full names as in ID doc.													
Identity- or Passport nr. Preferred name													
Tel nr. (h) (His/her vehicle registration nr.													
His/her e-mail													
Relative or friend not residing with you Reference 1 Reference 2													
Name and Surname													
Complex/Flat name and unit nr.													
Street nr. and name													
Suburb, town and code													
Cell nr. Or Tel nr. with dialing code													
Relationship													
SECTION E: Declaration													
1. I declare that all the information furnished on this Application is true and correct and that any false information can lead to legal action.													
2. I accept the conditions set out in the By-laws and regulations for the control and use of electricity and water, as amended from time to time.													
3. I declare that, should any dispute (whether political or not) whatsoever arise between BFW Metering and myself I will continue to pay my account	nt												
or any amounts owed in terms of this agreement in full. If a levy or charge is in dispute due to the levy or charge being abnormal, I undertake to													
still pay the account or an amount equal to the average of the previous three months for the levy or charge in dispute until my query has been finalised and settled in full.													
4. I accept liability for any tracing costs and/or legal costs incurred owing to my default.													
5. I accept liability for any outstanding account or an amount in respect of the premises if Section B has not been completed correctly.													
6. I declare that I will not be exempted from settling any accounts or amounts owing in terms of this agreement if I have not received such an													
account or documentation for such an amount.													
7. I accept that interest on any outstanding accounts or amounts will be charged by BFW Metering at a rate of 2% per month as provided for													
in the National Credit Act, Act no. 34, 2005.													
8. I accept liability for all consumption on the premises until such date on which BFW Metering receives a written notice of cancellation of													
this agreement in terms of services to the premises from me, which notice must be received 48 hours before the required time of cancellation.													
9. I accept that BFW Metering has the authority to terminate a service due to non-payment of any other services rendered by BFW Metering in													
terms of this agreement, irrespective of BFW Metering's tariff structure for services, which can include free basic services where applicable.													
10. I accept that payment made by me will be allocated to outstanding balances of the various services in the following order:													
i. Outstanding balances ii. Interest on these amounts iii. Water and Sanitation iv. Assesment and Refuse re	noval												
v. Sundry levies vi. Electricity 11. I accept my responsibility to ensure that BFW Metering personnel have access to their meters or equipment or, alternatively, I will arrange													
for BFW Metering to move the meter or equipment, at my own cost, to the outside of the premises where access is not obstructed.													
for BFW Metering to move the meter or equipment, at my own cost, to the outside of the premises where access is not obstructed. 2 0 dd/mm/yyyy													
Signature of Applicant													
2 0 dd/mm/yyyy													
Signature of Applicant													
Signature of Applicant Banking details for BFW Metering	p2 of 2												