



FINANCE CLUSTER

REVENUE MANAGEMENT UNIT

Florence Mkhize Building,
251 Anton Lembede Street,

Durban, 4001

Tel: 080 311 1111

Website: <http://www.durban.gov.za>

Queries: <http://correspondence.durban.gov.za:200/>

INFORMATION UPDATE FORM

PLEASE COMPLETE IN BLOCK LETTERS	
INFORMATION TYPE:	
DECEASED ESTATE <input type="checkbox"/>	LIQUIDATION <input type="checkbox"/>
INSOLVENT ESTATE <input type="checkbox"/>	
BUSINESS RESCUE <input type="checkbox"/>	DIVORCED/MARRIED <input type="checkbox"/>
OTHER (specify)	<input style="width: 150px;" type="text"/>
1. UPDATED INFORMATION	
Municipal Account number	<input style="width: 100%;" type="text"/>
Full name	<input style="width: 100%;" type="text"/>
ID number	<input style="width: 100%;" type="text"/>
Business Name, if applicable	<input style="width: 100%;" type="text"/>
Registration Number, if applicable	<input style="width: 100%;" type="text"/>
Property Address	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 100%;" type="text"/>
<i>Domicilium Citandi et Executandi</i> (address to be used for legal services)	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 100%;" type="text"/>
Contact telephone number (s)	<input style="width: 100%;" type="text"/>
Email address	<input style="width: 100%;" type="text"/>
Reason for change of information	<input style="width: 100%;" type="text"/>

2. APPLICANT'S DECLARATION

I, the undersigned, do hereby declare that:

1. I am the account holder or authorised representative mandated to update the Municipal account information.
2. All the information supplied on this Form is true and correct. All other information on the Municipality's records remains unchanged or will be updated concurrently with this Form.
3. I acknowledge and understand that completion of this information update form does not release the account holder or authorised representative from any obligations incurred under the existing account/s (subject to applicable law) and shall not be deemed to constitute the opening of a new account with the Municipality.
4. I acknowledge and understand that all the terms and conditions in the existing Municipal Services Agreement concluded between the account holder and the Municipality shall remain in full force and effect (subject to applicable law).

Applicant's Signature

Date

FOR OFFICE USE ONLY

Received by (Name & Service No): _____

Date received: _____

Captured by (Name & Service No): _____

Application met all requirements: YES / NO

Signature of capturing official: _____

3. DOCUMENTS TO ACCOMPANY THIS APPLICATION

DECEASED ESTATE

- ✦ Letters of authority confirming appointment as Executor /Administrator
- ✦ Proof that the Estate has been reported to the Master of the High Court
- ✦ Certified ID Document (if Executor /Administrator is a natural person) /Registration documents (if Executor /Administrator is a Juristic person).
- ✦ Certified Death Certificate of deceased

LIQUIDATION AND INSOLVENCY

- ✦ Letters of Appointment of the Liquidator or Trustee of the Insolvent Estate
- ✦ Order of Court.
- ✦ Certified ID copy of Liquidator or Trustee of the Insolvent Estate

BUSINESS RESCUE

- ✦ Notice of appointment of Business Rescue practitioner/Order of Court
- ✦ Certified ID copy of the Business Rescue practitioner
- ✦ Business rescue plan

DIVORCED/MARRIED

- ✦ Certified copy Applicant's ID or Smart Card
- ✦ Copy of marriage certificate or
- ✦ Decree of Divorce Certificate

4. SUBMISSION OF APPLICATION

Applications may be submitted electronically to <http://correspondence.durban.gov.za:200/>

Hand delivered applications may be sent to Sizakala Centres or any Revenue Customer Service Centres.

For further queries, contact Tel: 080 311 1111.

All applicants are encouraged to submit their application forms via email provided above, where possible.