

**FINANCE CLUSTER****REVENUE MANAGEMENT UNIT**

Florence Mkhize Building,
251 Anton Lembede Street,
Durban, 4001

Tel: 080 311 1111

Website: [http://: www.durban.gov.za](http://www.durban.gov.za)

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

NAME CHANGE FORM – JURISTIC PERSON & TRUSTS

PLEASE COMPLETE IN BLOCK LETTERS	
1. DETAILS OF AUTHORISED REPRESENTATIVE	
Municipal Account number	
Full names	
ID Number	
Contact telephone numbers	
Email address	
2. DETAILS OF REGISTERED OWNER(S)/ ACCOUNT HOLDER(S)	
Full name of company/C.C/trust	
Company/ C.C. or trust registration number	
Name and surname of trustees/members/directors (provide separate addendum if the space is not adequate)	
Contact telephone numbers	
Property address	
Postal code	
Email address	

3. CHANGED TO:

Full registration name of company/C.C/trust(new)

4. DECLARATION: BY AUTHORISED REPRESENTATIVE

I, the undersigned, _____, do hereby declare that:

1. I am the duly authorized representative of the registered owner of the above-mentioned property* /account holder*.

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. This change of name, if granted, will not release the registered owner* /account holder* from any obligations incurred under the existing account/s or action in any previous name 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 registered owner* /account holder* and the Municipality shall remain in full force and effect, except to the extent where variations have been mutually agreed to, in writing.

5. The particulars of Directors*/Members*/ Trustees* have not changed. I am aware that should any changes occur, I am obliged to notify the Municipality and furnish the Municipality with appropriate supporting documents.

APPLICANT'S SIGNATURE

DATE

ORGANISATIONAL OFFICIAL STAMP

5. DOCUMENTS TO ACCOMPANY THIS APPLICATION

1. Certified copy of the Juristic Person's resolution to change its name and appointing a representative to act on its behalf and to sign all documents
2. CIPC name change documents
In case of trust:
3. Letters of authority of Trustees
4. Confirmation of name change by the Master's office /Amended Notarial Deed of Trust.
5. Certified copy of ID's of the Trustees

For Office Use Only

Account No: _____

Application: Approved / Not Approved _____

Reason/s for refusal _____

Approved / Not Approved By:

Name _____ Signature: _____ Date: _____

Designation _____

6. 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.