OVERSTRAND MUNICIPALITY

CHANGE OF ADDRESS

Erf No: _____ Suburb/Ward _____ Account Number: _____
Account Number: _____
Account Number: _____
Account Number: _____

Name/Business _____ Initials _____ **Owner** **Tenant**

ID _____ e-mail address _____

Contact Nr Work _____ Home _____ Mobile _____

Street Address of Premises _____

PRESENT (old) Address _____
Postal Code

FUTURE (new) Address _____
Postal Code

Future Address as from: _____ (date)

SIGNATURE DATE

OFFICE USE ONLY:

Name ID number: _____ Name ID number: _____

Name ID number: _____ Name ID number: _____

Entered on: DB 4 By: Date: Debt Pack By: Date: E network *HKKM ONLY* By: Date: