



STEVE TSHWETE LOCAL MUNICIPALITY

FORM FOR UNKNOWN / UNCLAIMED DIRECT BANK DEPOSITS

NAME: _____

PROCURATOR (IF CO): _____ (please attach the proof)

ID NO / CO REG. NO: _____

TELEPHONE NUMBER: _____

DATE OF DEPOSIT: _____

AMOUNT OF DEPOSIT: _____

AGREEMENT

1. I/we agree with the conditions as set out in the Council's regulations regarding the claiming of the direct bank deposits
2. I/we declare that the information provided by ourselves above is authentic and corresponds to the proof of payment submitted / attached to the prescribed form.
3. I/we declare with regard to companies that proxy has been received to act on behalf of the propriety and that the proof attached is authentic.

Signature: _____

Date: _____

(IMPORTANT: Proof of your banking details to be attached)