Private Bag X 5066
Thohoyandou, 0950

Tel: 015 962 7500
Fax: 015 962 4020

COMPULSORY REQUIREMENTS:
FORM MUST BE FULLY COMPLETED
ID COPY – CURRENT OWNER
ID COPY – PREVIOUS OWNER
SIGNED & STAMPED LETTER BY HEADMAN
Previous owner presence – Signing

THULAMELA LOCAL MUNICIPALITY

CHANGE OF NAMES AND ADDRESS – UNPROCLAIMED AREA/VILLAGES

*Please complete in **BLOCK CAPITALS***

ACCOUNT NUMBER

VILLAGE/AREA AS PER SYSTEM: ……Stand/House Number:……

CURRENT FULL NAMES: …… ID Number: ……

CURRENT FULL NAMES (SPOUSE)…….. ID Number: ……

NEW FULL NAMES: …… ID Number: ……

NEW FULL NAMES (SPOUSE)…… ID Number: ……

NEW POSTAL ADDRESS:

…… …… POSTAL CODE……

CONTACT NUMBERS

MOBILE/CELL 1: …… MOBILE/CELL 2: …… WORK TEL: ……

SPOUSE CELL 1:……SPOUSE CELL 2:……WORK TEL:……

CUSTOMER SIGNATURE: …… DATE: ……

OFFICIAL PURPOSES :
DEPARTMENT OF PLANNING AND DEVELOPMENT

COMPILED BY ……SIGNATURE: ……DATE: ……

APPROVED BY ……SIGNATURE: ……DATE: ……

Please submit this form to Thulamela Municipality Office No…….. after completion.

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