



**water affairs**

Department:  
Water Affairs  
REPUBLIC OF SOUTH AFRICA

**REGISTRATION/LICENSING PART 1**

**WATER SERVICES PROVIDER**

**(INCLUDING WATER BOARDS)**

**1. GENERAL INFORMATION**

Mark the applicable option(s) with an *X* and/or complete details where applicable/available.

**Indicate the nature of this application:**

- New registration       Minor change  
 Formal amendment

Registration Number

**2. PARTICULARS OF THE APPLICANT**

**2.1 Name of Water Services Provider** \_\_\_\_\_

**Management Plan Submitted To The Department?**     Yes     No

**If yes, date submitted (ccyy/mm/dd)**                     

**2.2 VAT Registration Number** \_\_\_\_\_

**2.3 Postal Address**

Postal Code                     

**2.4 Street Address**

(Only if different from postal address)

Postal Code                     

**2.5 Contact Telephone Number During Office Hours**

Area/cell code  Number  Ext

**Alternative Contact Number**

Area/cell code  Number  Ext

**2.6 E-mail** \_\_\_\_\_

**3. CONTACT PERSON DETAILS**

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**3.1 Title**

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**3.2 Name**

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**3.3 Surname**

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**3.4 Telephone**

Area/cell code

--	--	--	--	--	--	--	--	--	--	--	--

Number

--	--	--	--	--	--	--	--	--	--	--	--

Ext

--	--	--	--

**3.5 Cell Phone Number**

Area/cell code

--	--	--	--	--	--	--	--	--	--	--	--

Number

--	--	--	--	--	--	--	--	--	--	--	--

**3.6 Fax**

Area/cell code

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Number

--	--	--	--	--	--	--	--	--	--	--	--

Ext

--	--	--	--

**3.7 E-mail**

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**3.8 Preferred Form Of Communication**

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## Declaration by applicant (or person who was granted power of attorney by the applicant)

Surname of delegated person:

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Title:

--	--	--	--	--	--	--	--	--	--	--	--

Initials:

--	--	--	--	--	--	--	--	--	--

ID number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport number:

(if not a holder of South African ID)

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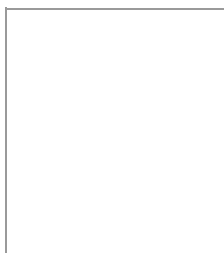
Expiry date (ccyy/mmdd):

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Position or official status

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Delete the words that are not applicable I/we \_\_\_\_\_ (FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.



Signature

Thumb print

Contact number during office hours

Designation of signatory

Date (ccyy/mm/dd)

**It is a criminal offence to provide information that is false or misleading.**

#### 4. LIST OF PART 2 DOCUMENTS (WATER USE RELATED FORMS)

Mark with an X which of the following documents have been submitted with this application

- |                          |                         |                          |  |
|--------------------------|-------------------------|--------------------------|--|
| <input type="checkbox"/> | DW760 NWA-Section 21(a) | <input type="checkbox"/> | DW768 NWA-Section 21(i)  |
| <input type="checkbox"/> | DW761 NWA-Section 21(b) | <input type="checkbox"/> | DW780 NWA-Section 21(h)  |
| <input type="checkbox"/> | DW762 NWA-Section 21(b) | <input type="checkbox"/> | DW805 NWA-Section 21(j)  |
| <input type="checkbox"/> | DW763 NWA-Section 21(c) | <input type="checkbox"/> | DW806 NWA-Section 21(k)  |
| <input type="checkbox"/> | DW764 NWA-Section 21(d) | <input type="checkbox"/> | DW901 Property or properties where water use occurs                |
| <input type="checkbox"/> | DW765 NWA-Section 21(e) | <input type="checkbox"/> | DW902 Details of property owner                                    |
| <input type="checkbox"/> | DW766 NWA-Section 21(f) | <input type="checkbox"/> | DW903 Actual/Monitored waste discharge details NWA-Section 21(f/h) |
| <input type="checkbox"/> | DW767 NWA-Section 21(g) | <input type="checkbox"/> | DW904 Actual/Monitored waste discharge details NWA-Section 21(e/g) |

#### 5. THIS SECTION IS RESERVED FOR OFFICE USE ONLY

##### 5.1 Billing information

5.1.1   WMA for billing\*

\* Water Management Area Codes

01 Limpopo	05 Inkomati	09 Middle Vaal	13 Upper Orange	17 Olifants/Doorn
02 Luvuvhu/Letaba	06 Usutu-Mhlatuze	10 Lower Vaal	14 Lower Orange	18 Breede
03 Crocodile (W), Marico	07 Thukela	11 Mvoti-Umzimkulu	15 Fish-Tsitsikamma	19 Berg
04 Olifants	08 Upper Vaal	12 Mzimvubu-Keiskamma	16 Gouritz	

5.1.2 Is WSP to be registered as a Billing Agent?  Yes  No

##### 5.2 Mark with an X which of the following documents have been submitted with this application

- Certified copy of South African identity document
- Certified copy of passport

File number (i.e. Office Hardcopy Register File No)

Water Use Register Number

Received by:

Surname

Initials

Position / Rank

Signature  Date (ccyymmdd)

Captured on NRWU database

Captured by:

Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:

Surname

Initials

Position / Rank

Signature  Date (ccyymmdd)