



MUNICIPAL ACCOUNTS AND QUERIES

Musgrave, Durban, 4001

Tel: +2765 843 3040

Cell: +2776 818 5757

email: info@maqkzn.co.za

web: www.maqkzn.co.za

LETTER OF AUTHORITY

AGENT/PROXY FORM

PLEASE COMPLETE IN BLOCK LETTERS	
1. DETAILS OF AGENT/PROXY	
Municipal Account Number	
First name(s)	
Surname	
ID Number	
Telephone number (landline)	
Cell phone number	
Email address	
Relationship with property owner	
2. DETAILS OF PROPERTY OWNER	
First name(s)	
Surname	
ID Number	
Telephone number (land line)	
Cell phone number	
Email address	
3. PARTICULARS OF PROPERTY	
Property description:	
Postal code	

4. DECLARATION: PROPERTY OWNER

I, the undersigned, in my capacity as a registered owner of the above property:

(Name of the applicant and ID number)

.....

Do hereby appoint

(Name of the applicant and ID number)

.....

To act in my place and stead as my agent for the purposes of the following:

(Tick applicable box)

Opening of Municipal Account

☐

Settlement of arrears (incl. Arrangements to pay)

☐

(attach special power of attorney)

Termination of Municipal Account

☐

If other, furnish detail.....

APPLICANT'S SIGNATURE

DATE

FOR OFFICE USE ONLY

Received by (Name & Service No): _____

Date received: _____

Captured by (Name & Service No): _____

Application met all requirements: YES / NO

Signature of capturing official: _____