



INFORMATION UPDATE FORM

Deceased Estate _Liquidation_ Insolvent Estate
& Business Rescue

Tel: 031 324 5000
Fax: 031 324 5500
E-Mail: revline@durban.gov.za
Website: http://www.durban.gov.za

PLEASE COMPLETE IN BLOCK LETTERS

DETAILS OF THE EXECUTOR* /ADMINISTRATOR*/ LIQUIDATOR*/ TRUSTEE* OR BUSINESS RESCUE PRACTITIONER* ("Appointed Officer Bearer")

SURNAME & FULL NAME

 (provide separate addendum if the space is not adequate)

TITLE INITIALS DATE OF BIRTH

IDENTITY NUMBER GENDER MALE FEMALE

METRO BILL ACC NO (if applicable)

BUSINESS NAME

BUSINESS REGISTRATION NUMBER

BUSINESS PHYSICAL ADDRESS

SUBURB

CITY / TOWN POSTAL CODE

BUSINESS POSTAL ADDRESS
 POSTAL CODE

CELL NUMBER (Preferred) WORK NO/ LANDLINE

E-MAIL ADDRESS

DETAILS OF DECEASED ESTATE* /INSOLVENT NATURAL PERSON*/ENTITY UNDER LIQUIDATION* OR BUSINESS RESCUE*

NAME (e.g. Estate late/Insolvent Estate XX):

RATE NUMBER WATER ACC NO

ELECTRICITY ACC NO

ERF DESCRIPTION

STREET NUMBER STREET NAME

SUBURB

CITY / TOWN POSTAL CODE

POSTAL ADDRESS



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	<input type="text"/>	POSTAL CODE	<input type="text"/>
CELL NUMBER (Preferred)	<input type="text"/>	WORK NO/ LANDLINE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>		

DECLARATION BY APPOINTED OFFICER BEARER

I, the undersigned, _____, do hereby declare that:

1. I am the Appointed Office Bearer of the above mentioned deceased estate* /Insolvent natural person*/entity under Liquidation* or Business Rescue*.
2. All the information supplied on this Form is true and correct. All other information on the Municipality's records remains unchanged or will be updated concurrently with this Form.
3. I acknowledge and understand that completion of this Information Update Form does not release the account holder from any obligations incurred under the existing account/s (subject to applicable law) and shall not be deemed to constitute the opening of a new account with the Municipality.
4. I acknowledge and understand that all the terms and conditions in the existing Municipal Services Agreement concluded between the account holder and the Municipality shall remain in full force and effect (subject to applicable law).

*delete if not applicable

SIGNATURE OF APPOINTED OFFICE BEARER

PRINT NAME

DATE

CRITERIA AND DOCUMENTS TO ACCOMPANY THIS APPLICATION

Deceased Estate - Information Update

1. Letters of authority confirming appointment as Executor /Administrator.
2. Certified ID Document (if Executor /Administrator is a natural person) /Registration documents (if Executor /Administrator is a Juristic person).
3. Certified Death Certificate of deceased.

Liquidation and Insolvency - Information Update

1. Letters of Appointment of the Liquidator or Trustee of the Insolvent Estate
2. Order of Court.
3. Certified ID copy of Liquidator or Trustee of the Insolvent Estate

Business Rescue – Information update

1. Notice of appointment of Business Rescue practitioner/Order of Court.
2. Certified ID copy of the Business Rescue practitioner.



EtheKwini Revenue
Florence Mkhize Building
251 Anton Lembede Street
Durban
4001

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For Office Use Only

Account No: _____

Application: Approved / Not Approved _____

Reason/s for refusal _____

Approved / Not Approved By:

Name _____ Signature: _____ Date: _____

Designation _____