



Zululand
District Municipality

DECLARATION FORM

Account Holder : _____

Residential Address : _____

Employer's Name : _____

Occupation : _____

I, the undersigned, _____ (Full Names)

ID No. _____ hereby acknowledge that I am indebted to Zululand District Municipality (hereinafter referred to as the Creditor) an amount of R _____ and that whole amount is due, owing and payable by me to the Creditor (Zululand District Municipality).

I therefore undertake to pay R _____ within _____ days from the day of signing the application and the declaration form, to be entitled for a 50% households debt incentives.

I undertake that I, the debtor will forfeit the discount offered to me by the Creditor (Zululand District Municipality) in case I default from the payment arrangement agreed upon and all credit control and debt collection measures will be applied to my account.

ACCOUNT HOLDER

ZDM OFFICIAL

FOR OFFICE USE ONLY

CAPTURED INTO SYSTEM BY:- DATE:-.....

VERIFIED TO THE SYSTEM BY:- DATE:-.....

MS N S MSIBI
CHIEF FINANCIAL OFFICER

"Service Delivery through Integrity"



Zululand
District Municipality

HOUSEHOLDS DEBT INCENTIVES APPLICATION FORM

ACCOUNT HOLDER	:	_____	LOT NUMBER:	_____	
ZDM ACCOUNT NO.	:	_____	TOWN	:	_____
DATE OF APPLICATION	:	_____	DATE OF PAYMENT:	_____	
AMOUNT PAID	:	_____	RECEIPT NO. :	_____	

OWNER'S PARTICULARS

IGAMA NESIBONGO :

AMOUNT OUTSTANDING

IMALI EKWELETWAYO :

PHYSICAL ADDRESS

IKHELI LOMGWAQO :

OWNER'S ID NUMBER

INOMBOLO KAMAZISI :

CELL PHONE NUMBER

INOMBOLO YOCINGO :

E-MAIL ADDRESS

IKHELI LE E-MEYILI :

ACCOUNT HOLDER'S SIGNATURE

ISIGINISHA YOMNIKIZI :

Please ensure that you sign a declaration form and your application will only be valid if it's accompanied by a signed declaration form.

"Service Delivery through Integrity"

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www.zululand.org.za