P O BOX X 10
Auckland Park 2006
Gas Emergency : (011) 726 4702
Customer Services : (011) 356 5000
Fax : (086) 626 0468

Egoli gas
The natural alternative

1 Annet Road
Cottesloe , Jhb
Gas Emergency : (011) 726 4702
email : cservice@egoligas.co.za

Application for gas service (Domestic Tariff)

A. Personal Details

1. Title, First Name, Surname

2. ID Number / Passport Number

3. Postal Address

P/Code

4. Date Gas service to commence D D M M Y Y

5. Do you own or rent own ☐ rent ☐

(if renting, please supply owners name /contact info in box E)

6. No. of years at previous address.

7. Home Tel. No. -

8. Cell number

9. Work Tel no : -

10. Fax : -

11. E-mail Address :

12. Please email me my monthly statement ☐ yes ☐ no

13. Occupation

14. Name of employer

15. Marital Status Single ☐ Maried (COP) ☐ Maried (ANC) ☐ Divorced ☐

16. Country of Birth

17. Nationality

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B. Location of Service

1. Stand no./Erf no.

2. Physical Address

Code

C. Type of Gas Appliances

(Fill in the Type and quantity of gas appliances that you utilize) (quantity)

1

2

3

4

5

D. Type of Building

1. House ☐ 2. Business ☐ 3. Flat ☐ 4. Complex (Full title) ☐

5. Complex (Sectional Title) ☐ 6. Other ☐ (Specify) _____

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E : Additional information / comments

By appending my signature to this application I acknowledge that the supply point will be the location address referred to above

I acknowledge that the supply of gas by Egoli Gas will at all times be subject to the standard terms and conditions of Egoli Gas as published on the Egoli Gas website and as amended from time to time

Applicant

Name : _____	Name : _____
Signature : _____	Signature : _____
Date : _____ (DD/MM/YYYY)	Date : _____ (DD/MM/YYYY)

E. Banking details for debit order

1. Bank
2. Branch
3. Branch code - - -
4. Type of Account cheque ☐ savings ☐ transmission ☐
5. Account Number
6. Account Holder Name

Authorisation

I/we further understand and accept the following conditions in respect of this authorisation –

1. That my bank account may be debited with the total amount payable on my monthly Egoli Gas account on the **28th of each month** closest to the due dates as reflected on the respective monthly statements.
2. That this authorisation will remain in operation until it is revoked by me, due to termination of services, change of bank or for any other reason, by means of a thirty (30) days prior written notice to this effect to Egoli Gas.
3. That Egoli Gas may at any time cancel the authorisation by means of a written notice to me.
4. That Egoli Gas will receive all payments in terms of this authorisation without prejudice to its rights.

Signature: _____ (Authorised Signatory)	Signature: _____ (Where joint signature required)
Date : _____	Date : _____

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