



**CITY OF
TSHWANE**
IGNITING EXCELLENCE

Group Financial Services Department

Revenue Management Division

P.O. Box 408
Pretoria
0004

My ref:

Tel:

Pretoria 012 358 1156
Centurion 012 3588548
Akasia 012 358 9002
Kungwini 013 932 6376
Nokeng 012 734 6000

Your ref:

Contact person:
Section/Unit:

**APPLICATION FOR CLEARANCE CERTIFICATE IN TERMS OF SECTION 118(1) OF ACT
32,2000: MUNICIPAL SYSTEMS ACT RELATING TO TRANSFER OF PROPERTIES**

UNLESS THIS APPLICATION IS DULY COMPLETED, A MEMORANDUM WILL NOT BE ISSUED!
PLEASE REFER TO BACK OF PAGE

Reference of the conveyance attorney	
Name and address of conveyance attorney/applicant	
Telephone number	
The memorandum must be valid to the: (Maximum of 4 months)	
Date of this application	
Registered owner	
Identity Number of registered owner	
Stand number	
Rates account number	
Water and Electricity account number	
Sectional scheme name and number	
Sectional scheme unit number	
Flat/Door number	
Suburb and extension	
Full name of purchaser	
ID no of purchaser	

Reason for application (make an x)

Transfer	Subdivision	Servitude	Opening of Sectional Titles	Consolidation
Any other reason				
ONLY CASH, BANK GUARANTEED CHEQUES AND DEBIT OR CREDIT CARDS AND INTERNET BANKING ARE ACCEPTED				

On request, this document can be provided in another official language.



Group Financial Services Department
Revenue Management Division

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PO Box 408 | Pretoria | 0001
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PURCHASER INFORMATION

Date/Datum	D	D	M	M	Y	Y	Y	Y
Surname/Van								
Initials/Voorname								
Identity Nr/ID nommer								
Telephone/Telefoon nommer								
E-mail address/e-pos adres								

Stand/Erf	
Suburb/Voorstad	

Street Address of property/Straat adres van eiendom		Postal address/Pos adres	
Postal code		Postal code	
Preferred method of receiving account (please tick one)	Sms	Hoe wil u die rekening ontvang? (kies asseblief een)	Sms
	E-mail		E-pos
	Post		Pos
	MMS		MMS

Signature/Handtekening _____

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KANTOORGEBRUIK**

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