

APPLICATION FOR TRANSFER OF ACCOUNT BALANCE

Date: _____

Reason for Transfer: _____

Information: Original Account

- transferring from account-

Municipal Account Number: _____

Account Holder: _____ Contact Nr: _____

ID nr: _____ E-mail address: _____

Information: Beneficiary Account

- transferring to account-

Municipal Account Number: _____

Account Holder: _____ Contact Nr: _____

ID nr: _____ E-mail address: _____

Required documentation to be attached:

- Municipal accounts
- Copy of ID for Account holder/s
- Supporting documents, if needed

for queries: 015 023 5186

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Applicant Signature

For office use only	
Date received _____	Signature _____
Query Outstanding <input type="checkbox"/> Yes <input type="checkbox"/> No	
Details of Query _____ _____	
Query Date _____	Date finalized _____
In order to Transfer _____	Signature _____

The Municipality may:

- consolidate any separate accounts of persons liable for payments to the municipality; and/or
- credit a payment by such a person against any account of that person