



## water affairs

Department:  
Water Affairs  
REPUBLIC OF SOUTH AFRICA

### REGISTRATION/LICENSING PART 1

### COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY, NATIONAL OR PROVINCIAL GOVERNMENT

#### 1. GENERAL INFORMATION

Mark the applicable option(s) with an X and/or complete details where applicable/available.

Indicate the nature of this application:

New registration  Minor change

Formal amendment

Registration Number

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| 2 | 4 | 0 | 1 | 3 | 6 | 9 | 3 |
|---|---|---|---|---|---|---|---|

#### 2. PARTICULARS OF THE APPLICANT

Application for:

(Mark one block with an X)

Company, business, partnership or community (complete part 3,5,6,7 and 8)

National or provincial government (complete part 4,5,6,7 and 8 excl. 8.1.2)

#### 3. PARTICULARS OF THE COMPANY, BUSINESS, PARTNERSHIP OR COMMUNITY

3.1 Name of company, business, partnership or community:

ESKOM HOLDINGS SOC LTD - DUVHA POWER STATION

3.2 Trading name if different from name of company, business, partnership or community:

N/A

3.3 Type of enterprise:

(Mark one block with an X)

- |                          |   |                          |  |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | 06 Public Company (Ltd)   | <input type="checkbox"/> | 07 Private Company (Pty) Ltd   |
| <input type="checkbox"/> | 08 Article 21 (Association Inc. under Article 21 of the Company Act No. 61 of 1973) | <input type="checkbox"/> | 09 Limited By Guarantee  |
| <input type="checkbox"/> | 10 External Company   | <input type="checkbox"/> | 11 External Company under article 21 of the Company Act No. 61 of 1973 |
| <input type="checkbox"/> | 20 Transvaal Ordinance  | <input type="checkbox"/> | 21 Incorporated (Inc)  |
| <input type="checkbox"/> | 22 Unlimited  | <input type="checkbox"/> | 23 Close Corporation (CC)  |
| <input type="checkbox"/> | 24 Co-operative (CR)  | <input type="checkbox"/> | Trust  |

Parastatal

Other [i.e. non-CIPRO Company types (e.g. Churches, Schools, Community Groups, etc.) excluding Trust and Parastatal]

3.4 Business enterprise registration number:

2002/015527/30

3.5 Date established:  
(ccyy/mm/dd)

|   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|
| 2 | 0 | 0 | 2 | 0 | 7 | 0 |
|---|---|---|---|---|---|---|

3.6 Country where established:

SOUTH AFRICA

3.7 VAT registration number:

4740101508

**4. PARTICULARS OF NATIONAL OR PROVINCIAL GOVERNMENT****4.1 National Department:**

N/A

**4.2 a) Provincial Department:**

N/A

**b) Province:**

N/A

**5. APPLICANT CONTACT DETAILS****5.1 Postal Address:**

ESKOM HOLDINGS SOC LTD

PO BOX 2199

WITBANK

Postal Code

1 0 3 5

**5.2 Street Address** (only if different from postal address):

MEGAWATT PARK

MAXWELL DRIVE, SUNNINGHILL

SANDTON

Postal Code

1 5 1 0

**5.3 Contact telephone number during office hours**

Area/cell code

0 1 3

Number

6 9 0 0 2 4 0

Ext

**Alternative contact number**

Area/cell code

0 8 2

Number

3 3 8 2 5 7 9

Ext

**5.4 E-mail**

kuzeljA@eskom.co.za

**6. CONTACT PERSON DETAILS****6.1 Title** MR**6.2 Name** ANTHONY**6.3 Surname** KUZELJ**6.4 Telephone**

Area/cell code

0 1 3

Number

6 9 0 0 2 4 0

Ext

**6.5 Cell Phone Number**

Area/cell code

0 8 2

Number

3 3 8 2 5 7 9

**6.6 Fax**

Area/cell code

0 1 3

Number

6 9 0 0 4 4 8

Ext

**6.7 E-mail** kuzeljA@eskom.co.za**6.8 Preferred Form Of Communication** EMAIL

## Declaration by applicant (or person who was granted power of attorney by the applicant)

Surname of delegated person:

|   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| K | U | Z | E | L | J |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Title:

|   |   |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|
| M | R |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|

Initials:

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| A |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

ID Number:

|   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 6 | 7 | 1 | 0 | 0 | 4 | 5 | 0 | 4 | 8 | 0 | 8 | 7 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

Passport Number:

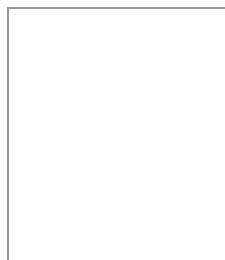
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

(if not a holder of South African ID)

Expiry Date (ccyy/mmdd):

|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|

Delete the words that are not applicable I/we ANTHONY KUZELJ \_\_\_\_\_ (FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.



Thumb print

013 690 0240

Contact number during office hours

Signature

POWER STATION MANAGER

Designation of signatory

Date (ccyy/mm/dd)

**It is a criminal offence to provide information that is false or misleading.**

# Declaration by applicant (or person who was granted power of attorney by the applicant)

Surname of delegated person:

K U Z E L J

Title:

M R

Initials:

A

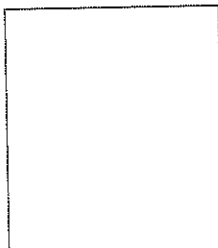
ID Number:

6 7 1 0 0 4 5 0 4 8 0 8 7

Passport Number:  
(if not a holder of South African ID)

Expiry Date (ccyy/mmdd):

Delete the words that are not applicable I/we ANTHONY KUZELJ (FULL NAME(S)) hereby declare that the information provided by me/us in this application form is, to the best of my/our knowledge, true and correct.



013 690 0240

Signature  
POWER STATION MANAGER

Thumb print

Contact number during office hours

2017 -10- 11

Designation of signatory

Date (ccyy/mm/dd)

**It is a criminal offence to provide information that is false or misleading.**

## 7. LIST OF PART 2 DOCUMENTS (WATER USE RELATED FORMS)

Mark with an X which of the following documents have been submitted with this application

- |                                     |                         |                                     |  |
|-------------------------------------|-------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | DW760 NWA-Section 21(a) | <input checked="" type="checkbox"/> | DW768 NWA-Section 21(i)  |
| <input checked="" type="checkbox"/> | DW761 NWA-Section 21(b) | <input type="checkbox"/>            | DW780 NWA-Section 21(h)  |
| <input checked="" type="checkbox"/> | DW762 NWA-Section 21(b) | <input type="checkbox"/>            | DW805 NWA-Section 21(j)  |
| <input checked="" type="checkbox"/> | DW763 NWA-Section 21(c) | <input type="checkbox"/>            | DW806 NWA-Section 21(k)  |
| <input type="checkbox"/>            | DW764 NWA-Section 21(d) | <input checked="" type="checkbox"/> | DW901 Property or properties where water use occurs                |
| <input type="checkbox"/>            | DW765 NWA-Section 21(e) | <input checked="" type="checkbox"/> | DW902 Details of property owner                                    |
| <input type="checkbox"/>            | DW766 NWA-Section 21(f) | <input type="checkbox"/>            | DW903 Actual/Monitored waste discharge details NWA-Section 21(f/h) |
| <input checked="" type="checkbox"/> | DW767 NWA-Section 21(g) | <input checked="" type="checkbox"/> | DW904 Actual/Monitored waste discharge details NWA-Section 21(e/g) |

## 8. THIS SECTION IS RESERVED FOR OFFICE USE ONLY

### 8.1 Billing information

8.1.1   WMA for billing\*

\* Water Management Area Codes

|                          |                   |                       |                     |                   |
|--------------------------|-------------------|-----------------------|---------------------|-------------------|
| 01 Limpopo               | 05 Inkomati       | 09 Middle Vaal        | 13 Upper Orange     | 17 Olifants/Doorn |
| 02 Luvuvhu/Letaba        | 06 Usutu-Mhlatuze | 10 Lower Vaal         | 14 Lower Orange     | 18 Breede         |
| 03 Crocodile (W), Marico | 07 Thukela        | 11 Mvoti-Umzimkulu    | 15 Fish-Tsitsikamma | 19 Berg           |
| 04 Olifants              | 08 Upper Vaal     | 12 Mzimvubu-Keiskamma | 16 Gouritz          |                   |

8.1.2 District Municipal Establishment Levy Payable  Yes  No

### 8.2 Mark with an X which of the following documents have been submitted with this application

- Certified copy of South African identity document
- Certified copy of passport

File number (i.e. Office Hardcopy Register File No)

Water Use Register Number

Received by:

Surname

Initials

Position / Rank

Signature

Date (ccymmdd)

Captured on NRWU database

Captured by:

Surname

Initials

Signature

Date stamp of receiving office

Quality Assurance Executed by:


Surname

Initials

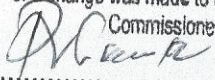
Position / Rank

Signature

Date (ccymmdd)



I certify that this document is a true reproduction (copy) of the original document, which was handed to me for authentication. I further certify that: from my observations, no amendment or a change was made to the original document.

  
Commissioner of oaths

---

Signature

Name in print: MR CHARLES STUART Grade: ST/MSD

  
Duvha Power Station  
2015 -01- 15  
Protective Services

OPPLISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by: straatnaam en/of -nommer, ens. verander het, moet die vorm KENNIGEWING VAN ADRESVERANDEERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gegee word aan die hoof streek distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.


REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in the pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

1

**I.D.No. 671004 5048 08 7**



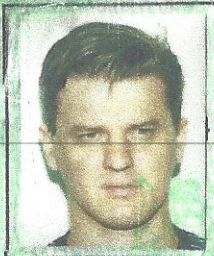
**S. A. BURGER/S. A. CITIZEN**

VAN/SURNAME  
**KUZELJ**

VOORNAME/FORENAMES  
**ANTHONY**

GEBORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SOUTH AFRICA**

GEBORTE DATUM/  
DATE OF BIRTH  
**1967-10-04**



DATUM UITGEREIK  
DATE ISSUED  
**1998-11-14**

UITGEREIK OP GESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS