



Address all correspondence to the Municipal Manager

## Dipaleseng Municipality

Private Bag X 1005  
Balfour, 2410  
Tel: (017) 773-0055  
Fax: (017) 773-0169  
Email: dipaleseng@worldonline.co.za

### FORM FOR UNKNOWN/UNCLAIMED DIRECT BANK DEPOSITS

Name: \_\_\_\_\_

Procurator (IF CO.): \_\_\_\_\_ (Please attach the proof).

ID/CO Reg. No: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of deposit: \_\_\_\_\_

Amount deposited: \_\_\_\_\_

#### Agreement:

1. I/We agree with the conditions as set out in the Council's resolutions regarding the unclaiming of the direct deposits.
2. I/We declare that the information provided by ourselves above is authentic and corresponds to the proof of payment submitted/attached to the prescribed form.
3. I/We declare with regard to companies that proxy has been received to act on behalf of the proprietary and that the proof attached is authentic.

Signature: \_\_\_\_\_  
(Important: proof of your banking details to be attached)

Date: \_\_\_\_\_

