



WATERMAN CLIENT SERVICES

CLIENT MONTHLY CONTRACT

1. Hereby I _____ (owner/tenant/agent), hereafter referred to as the “Client”, requests Waterman Client Services, hereafter referred to as the “Supplier”, to manage my Municipal Account Number _____ and perform all duties and functions necessary in order to effect this instruction.
2. I confirm that I commit to pay
 - 2.1. **R80,00** (PENSIONERS) as required by the Supplier in the form of a monthly fee for services rendered.
 - 2.2. **R110,00** (NON-PENSIONER) as required by the Supplier in the form of a monthly fee for services rendered.
 - 2.3. **R150,00** (BUSINESS) as required by the Supplier in the form of a monthly fee for services rendered.
3. The date of service, for purposes of the Consumer Protection Act, (Act 68 of 2008), is defined as the date on which this agreement is signed by both parties.
4. Cancellation notice of 20 (TWENTY) business days to cancel this Lease Agreement must be given by either party when cancelling this agreement, however, notice to cancel this agreement must be given by either party in writing on either the first or last day of the month.
5. **Please note that if this agreement is cancelled within 6 months from the date of signature of both parties, the Client will be liable for the full number of monthly instalments due to the Supplier for this period as part of the reasonable cancellation costs to be calculated.**
6. **CLIENT DETAILS:**

Name: _____

Address: _____

Contact Number: _____

Email: _____

INITIALS OF CLIENT: _____

7. Banking Details is as follows

Bank: Standard Bank
Wilkoppies

Account Name: Nilbet PTY LTD

Account: 1014 667 474 8

Branch Code: 051001

Reference: Street Address should be your reference

Proof of payment can be WhatsApp or SMS to 084 555 6038

8. NOTICE:

Waterman Client Services and the relevant Department will keep all information, including Personal Information confidential.

You agree hereto that we may communicate electronically with you.

You may unsubscribe to receiving any electronic marketing material.

Waterman Client Services and the relevant Department may retain your Personal Information until such time as you request us to destroy it (unless we are obliged by law to retain it, regardless of such request).

The address provided will serve as your address of execution, *domicillium citandi et executandi*, for any legal purposes arising from possible collections of outstanding fees owed to the Supplier.

THE CLIENT

Date: _____

Time: _____

Signature: _____

Name: _____



Nilbet T/A Waterman

Flora Ave 50
Adamayview
Klerksdorp
25711

Phone: 0845556038
Fax: 0866217532
watermandiens@gmail.com

SUBMISSION OF MONTHLY READINGS

I, _____ with Identity Number Identity nr:

_____ give permission that WATERMAN KLIENTE DIENS submit my photo readings every month to be used on my City Council bill.

(ACCOUNT NUMBER)

(ADDRESS)

SIGNED at Klerksdorp on this _____ day of _____ 20 _____ in the presence of the undersigned witnesses.

ACCOUNT HOLDER