nelson mandela bay
MUNICIPALITY

BUDGET & TREASURY

Tel: +27(41) 506 2269, Fax: 086 622 5451
PO Box 834, Port Elizabeth, 6000
Republic of South Africa
e-Mail:ivrhelp@mandelametro.gov.za
website: nelsonmandelabay.gov.za

INTERACTIVE VOICE RESPONSE (IVR)

ELECTRONIC HELP DESK SERVICE APPLICATION FORM

A FREE 24 HOUR A DAY, 7 DAYS A WEEK ENQUIRY, REMINDER AND PAY-BY-PHONE FACILITY

ACCOUNT HOLDER NAME

1. MUNICIPAL SERVICE ACCOUNT NUMBER(S):

2. ID OR BUSINESS REGISTRATION NUMBER:

IF YOU HAVE COMPLETED MORE THAN ONE REFERENCE NUMBER ABOVE THE FOLLOWING INFORMATION WILL BE UTILISED FOR EACH REFERENCE NUMBER TO PROVIDE THE SELECTED SERVICES.
IF ANY OF THE INFORMATION DIFFERS FOR ANY OF THE REFERENCE NUMBERS PLEASE USE A SEPARATE FORM TO PROVIDE SUCH DETAILS.

IF A BUSINESS ACCOUNT, CAPACITY IN WHICH THE APPLICATION IS MADE: _____
(e.g. DIRECTOR, TRUSTEE, SOLE OWNER, PARTNER, etc.)

CONTACT DETAILS:

CELL										
TEL (HOME)										
TEL (WORK)										
FAX										

NOTE: IT IS RECOMMENDED THAT THE CONTACT DETAILS PROVIDED FOR THE REMINDER SERVICES SHOULD ALLOW THE PERSON RESPONSIBLE TO DIRECTLY RECEIVE AND ACCEPT THE SERVICE, THEREFORE PLEASE AVOID USING GENERAL CONTACT NUMBERS. UPDATE YOUR CONTACT NUMBERS ON THE NMBM MOBILE APP OR WEBSITE REGULARY TO ENSURE SERVICES CAN BE ACCESSED.

E-MAIL : _____

POSTAL ADDRESS : _____

_____

RESIDENTIAL/BUSINESS ADDRESS : _____

_____

_____

_____

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SELECT IVR/ELECTRONIC HELPDESK SERVICES BELOW:
[*PLEASE MARK [X] THE APPROPRIATE BLOCKS*]

MUNICIPAL SERVICES ACCOUNT	**YES**	**NO**			
1 FAX MY MONTHLY ACCOUNT	☐	☐			
2 E-MAIL MY MONTHLY ACCOUNT	☐	☐	**CELL**	**HOME**	**BUS**
3 ALLOW ME TO SUBMIT VOLUNTARY METER READINGS (NOT WATER SCALE 01)	☐	☐	☐	☐	☐
4 WARN ME TO SUBMIT VOLUNTARY METER READINGS	☐	☐	☐	☐	☐
5 REMIND ME PRIOR TO THE ACCOUNT DUE DATE	☐	☐	☐	☐	☐
6 ADVISE ME OF INABILITY TO READ A METER	☐	☐	☐	☐	☐
7 ADVISE ME OF THE NEXT METER READING DATE	☐	☐	☐	☐	☐

PREFERRED TIMES TO RECEIVE CALLS:
[*PLEASE MARK [X] THE APPROPRIATE BLOCKS]*

OFFICE HOURS		**AFTER HOURS**	
08H00 – 12H00	☐	17H00 – 20H00	☐
12H00 – 17H00	☐		

PLEASE NOTE THAT MESSAGES LEFT ON VOICE MAIL AND/OR ANSWERING MACHINE SERVICES WILL BE DEEMED TO HAVE BEEN DELIVERED. NOTE: THE SERVICES INDICATED ABOVE ARE OFFERED FREE OF CHARGE. SHOULD IT IN FUTURE BECOME NECESSARY TO LEVY A CHARGE IN RESPECT OF ANY OF THESE SERVICE, YOU WILL BE INFORMED OF SUCH CHARGE TIMEOUSLY.

I AGREE TO ALLOW THE NMBM METER READER ACCESS TO MY METER DURING MAY AND NOVEMBER OF EACH YEAR IN ORDER TO PERFORM AN AUDIT READING, SHOULD I REGISTER FOR VOLUNTARY METER READING.

ADVISE THIS OFFICE SHOULD YOUR METER NUMBER CHANGE IN ORDER TO LINK YOUR SERVICE TO THE NEW METER NUMBER.

METER SCALE 01 AS STIPULATED ON YOUR ACCOUNT, MAY NOT BE REGISTERED FOR THE IVR VOLUNTARY SERVICES. THE SCALE 01 IS AN INDICATION OF A WATER METER WITH A HEAVY COVER/LID.

I, THE UNDERSIGNED, HEREBY REQUEST THE NELSON MANDELA BAY MUNICIPALITY TO RENDER THE SERVICES AS INDICATED ABOVE. I ACCEPT THAT THE ABOVE SERVICES DO NOT RELINQUISH ME OF THE RESPONSIBILITY TO ENSURE PAYMENT OF MONIES DUE BY MYSELF AS REQUIRED.

ONCE THIS APPLICATION IS PROCESSED:
(1) YOU WILL RECEIVE A PIN NUMBER BY SMS ON THE CELL NUMBER INDICATED ABOVE AS PIN NUMBER MUST BE USED TO ACCESS THE ABOVE SERVICES.
(2) DOWNLOAD NMBM MOBILE APP FROM *GOOGLE PLAY* OR *APPLE APP STORE* AND USE PIN ON THE CELL PHONE TO UTILISE ABOVE SERVICES
(3) ABOVE SERVICES CAN BE UTILISED ON YOUR CELL PHONE OR ON THE NMBM WEBSITE

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PAY-BY-PHONE FACILITY/SMS FACILITY – MY BANK ACCOUNT PARTICULARS ARE:

NOTE: The bank account may be used for all services indicated above – if this is not the case please complete a separate form for each of the main services indicated above.

TYPE OF ACCOUNT: ☐ CHEQUE ☐ SAVINGS ☐ TRANSMISSION (Mark appropriate box)

ACCOUNT HOLDER : _____

BANK NAME : _____

BRANCH NAME : _____

BRANCH CODE : _____

BANK ACCOUNT NUMBER : _____

TO PURCHASE PRE-PAID ELECTRICITY BY PHONE/SMS

NOTE: THE TYPE OF METER MUST BE INDICATED: P = POWERCARD / K = KEYPAD, PURCHASE OF ELECTRICITY BY PHONE IS ONLY AVAILABLE OR THE KEYPAD METERS.

TYPE	PRE-PAID METER NUMBER/S	Short Code	ERF NUMBER/S	SUBURB
		0 0 1		
		0 0 2		
		0 0 3		

SEE ABOVE SHORT CODE TO BE USED WHEN PURCASHING ELECTRICITY.

I /WE, THE UNDERSIGNED, HEREBY AUTHORIZE THE NELSON MANDELA BAY METROPOLITAN MUNICIPALITY TO DEBIT MY/OUR ACCOUNT AS ABOVE ON MY/OUR TELEPHONIC / SMS / WEB SERVICES / MOBILE APP INSTRUCTION BY PIN NUMBER WITH THE AMOUNT AS SPECIFIED AT THE TIME.

I/WE UNDERSTAND THAT THE WITHDRAWALS HEREBY AUTHORIZED WILL BE PROCESSED THROUGH A COMPUTERIZED SYSTEM PROVIDED BY THE SOUTH AFRICAN BANKS AND I/WE ALSO UNDERSTAND THAT THE DETAILS OF EACH WITHDRAWAL WILL BE PRINTED ON MY/OUR BANK STATEMENT.

I/WE AGREE TO PAY ANY BANK CHARGES RELATED TO THIS PAY-BY-PHONE DEBIT ORDER INSTRUCTION.

I/WE UNDERSTAND THAT THIS INSTRUCTION WILL REMAIN EFFECTIVE UNTIL TERMINATED BY ME/US FOR ANY REASON WHATSOEVER, BY MEANS OF THIRTY (30) DAYS PRIOR WRITTEN NOTICE TO THE NELSON MANDELA BAY MUNICIPALITY.

I/WE UNDERSTAND THAT THE NELSON MANDELA BAY MUNICIPALITY MAY AT ANY TIME CANCEL THIS AUTHORIZATION BY MEANS OF WRITTEN NOTICE TO ME/US.

I/WE UNDERSTAND THAT THE NELSON MANDELA BAY MUNICIPALITY WILL RECEIVE ALL PAYMENTS IN TERMS OF THIS AUTHORIZATION WITHOUT PREJUDICE TO ITS RIGHTS.

ASSIGNMENT: I/WE ACKNOWLEDGE THAT THE PARTY AUTHORIZED TO EFFECT THE DRAWING(S) AGAINST MY/OUR ACCOUNT MAY NOT CEDE OR ASSIGN ANY OF ITS RIGHTS TO ANY PARTY WITHOUT MY/OUR PRIOR CONSENT AND THAT I/WE MAY NOT DELEGATE ANY OF MY/OUR OBLIGATIONS IN TERMS OF THIS CONTRACT/AUTHORITY TO ANY THIRD PARTY WITHOUT WRITTEN CONSENT OF THE AUTHORIZED PARTY.

DATE: _____ SIGNATURE: _____

PLEASE EMAIL THIS COMPLETED FORM TO ivrhelp@mandelametro.gov.za
OR HAND IN AT ANY CUSTOMER CARE CENTRE, FOR PROCESSING.

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