



water & sanitation

Department:
Water and Sanitation
REPUBLIC OF SOUTH AFRICA

N2-01-01
N2 Start Point

**SUPPLEMENTARY WATER USE INFORMATION
PROPERTY WHERE WATER USE OCCURS**

DW901 serves to address the following: The property (or properties) where water use(s) is to take place.

•Complete one DW901 form for each property impacted / applicable to a water use registration application.

•Should more than one property owner be applicable to a "property where water occurs" an additional DW902 must be completed for each additional property owner.

1. PROPERTY WHERE WATER USE(S) OCCURS

1.1 Property where water use takes place (farm, stand or community): description as per the Deeds Act if applicable, or name of agricultural holding, farm, township, town or city.

N2 NATIONAL ROAD N2-01-01

Registration Date (ccyymmdd):

| | | | | | | | |
|---|---|---|---|--|--|--|--|
| 1 | 9 | 7 | 6 | | | | |
|---|---|---|---|--|--|--|--|

1.2 Property Type (mark only one with an X)

- | | |
|---|---|
| <input type="checkbox"/> Agricultural Holding | <input checked="" type="checkbox"/> Erf |
| <input type="checkbox"/> Exclusive Use Areas (EUA) | <input type="checkbox"/> Farm |
| <input type="checkbox"/> Sectional Scheme (To Obtain EUA) | <input type="checkbox"/> Sectional Scheme (to obtain units) |
| <input type="checkbox"/> Sectional Scheme Unit | <input type="checkbox"/> Township |
| <input type="checkbox"/> Unspecified | <input type="checkbox"/> Unsurveyed |

1.3 If the property type is unsurveyed, complete the following:

a) Surname and initials of leader of village, community or tribal authority

Initials

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

b) Local Authority

&/or

c) Magisterial District

&/or

d) Tribal Authority/Council

1.4 If the property type is not equal to unsurveyed, complete the following:

a) Deeds Office

ETHEKWINI

b) Registration Division

FT

c) Property No (i.e. Farm No./Erf No./Holding Area No./Scheme No.)

880

d) Portion of Property

76

e) Title Deed Number

T 35821 / 2002

f) Surveyor-General Cadastral Code

| | | | | |
|---|-----|-------|---------------|-----------|
| 1 | 2 | 3 | 4 | 5 |
| N | 0 0 | 0 4 5 | 0 0 0 0 0 7 6 | 0 0 8 9 5 |

- Refers to the Surveyor's-General Office (T = Pretoria, F = Free State, C = Cape Town & N = Kwazulu-Natal)
- Major Code (Registration Division)
- Minor code
- Property No (i.e. Farm No./Erf No./Holding Area No./Scheme No.)
- Portion Number

Note: All fields "left padded with 0"

1.5 Property Area Size

| | | | | | |
|---|---|---|---|---|---|
| 7 | 8 | 6 | 9 | 8 | 9 |
|---|---|---|---|---|---|

Measure Unit: Hectares Square Meters Acres

- 1.6 Ownership of the property** (mark only one with an X)
- Property owned by applicant (100% Share value)
 - Property leased by applicant
 - Property owned by applicant (Share value less than 100%)
 - The property is communal land

2. PROPERTY OWNER RELATIONSHIP

| Individual (Identify Number or Passport Number) | Company, Business, Partnership or Community (Business Enterprise Registration Number) | Property Owner Name | Property Owner Document Number (Owner's Title Deed Reference Number) | Property Owner and Property Relationship Date | | Owner Share Value % |
|---|---|---------------------|--|---|-----|---------------------|
| | | | | From: | To: | |
| | SANRAL | SANRAL | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

3. DECLARATION BY APPLICANT (or person that was granted power of attorney by the applicant)

Full names

Surname

Grid for full names and surname

Signature

Signature box containing a handwritten signature

Date (ccyy/mm/dd)

Grid for date

Thumbprint (only if requested)

Large empty box for thumbprint

4. FOR OFFICE USE ONLY

Received by:

Surname

Grid for received by surname

Initials

Grid for received by initials

Position / Rank

Grid for received by position/rank

Signature

Signature box for received by

Captured on NRWU database (ccyymmdd)

Grid for capture date

Captured by:

Surname

Grid for captured by surname

Initials

Grid for captured by initials

Signature

Signature box for captured by

Date stamp of receiving office box

Quality Assurance Executed by:

Surname

Initials

Grid for QA surname

Grid for QA initials

Position / Rank

Grid for QA position/rank

Signature

Date (ccyymmdd)

Signature box for QA

Grid for QA date