

PER FAX TO : _____
Fax No: _____

RETURN TO IMPACT METER SERVICES
Fax No: 086 6810379
Email : Stephenr@amps.co.za

Initial & Surname

Postal Address line 1

Postal Address line 2

Postal Address line 3

Contact telephone number

POWER OF ATTORNEY

**Delete words/ phrases that are not applicable*

I, _____, ID number _____

In my capacity as *director / *principle member / *partner of the business / enterprise trading as _____
_____ with registration number _____

do herewith appoint _____, ID number _____

to act on my behalf, to be my attorney and agent for the purposes of applying for the supply of *electricity / *water to the premises at _____ (address)_

of which I am the *owner /*tenant/*lawful occupier/*responsible person and to enter into an agreement with Impact Holdings (Pty) Ltd trading as Impact Meter Services for the supply of such *electricity /*water to the above-mentioned premises by placing *his/*her signature on such written agreement for which I accept full responsibility and undertake to be bound by the terms and conditions of such agreement as if I were the sole signatory thereof in the first instance.

I herewith attach a copy of my identity document / business registration certificate as required.

Signed at _____, on this the _____ day of _____, 20__

(signature)