

## EASTERN WATER AND SEWERAGE COMPANY LIMITED

## APPLICATION FOR NEW CONNECTION TO WATER SUPPLY AND/ OR SEWERAGE SYSTEM

1. CUSTOMER PERSONAL DATA (J	olease fill in bloc	k letters)	
Name of Applicant:			
N.R.C. NO/Certificate of Registration:			
Address of Premises/Plot No.:			
Street Name:			
Location:			
Postal/ Business Address:			
E-Mail: T	elephone No	Mobi	le No.
If no, please fill the following section. If y		NO   d with the section APPLIC	ATION:
<b>2. DATA OF LANDLORD</b> (owner of p	remise)		
Name of Landlord			
Plot No.	Tel No.		
Postal Address			
3. APPLICATION			
I, the above named, hereby apply for the category:	connection to the	e waste water system and /	or water supply system in the following
Domestic Institutional Commercial Industrial		Churches Water kiosk Waste Water/ Sewerage	
4. TERMS & CONDITIONS  I/We agree to be bound by any regulation services now and hereafter to be in force at	ons made by the	e service provider regardir stand and agree that: -	ng the provision of water and sewerage
<ol> <li>I confirm that the information given at</li> <li>The connection fee shall be determined</li> <li>This application shall only be consider</li> <li>I shall be liable for the payment of war case of non – payment within 14 days</li> <li>The Company has the right to install of</li> <li>All Company installations on the prenall reasonable precautions to safeguard</li> <li>I shall give access to the premises to maintenance up to the water meter point</li> <li>I shall not make any unauthorised of sanitary sewer and shall without autho</li> <li>The above shall not in any way make we</li> </ol>	d by the Companyed after payment ter bills and confugater bill delivery remove water noises shall remains the Company are the Company are the and reading of connection to anyerity, <b>not</b> interfere	y based on cost. of connection fee and deportion that the Company reservance. neters. In the property of the Company. Indies authorized agents for meters. In water transmission or discovered with any house connection.	osit fee.  ves the right to disconnect the services in  vany and I shall be responsible for taking  the purpose of installations, inspection,  stribution pipe, house connection or the  or water meter.
Signature of Applicant		Date of App	lication

## **FOR OFFICIAL USE ONLY**

1. <u>NETWORK</u>	
ZONE/ AREA	
This connection will cost ZMK:	(see attached Bill of Quantity)
Signature of District Manager	Date
2. <u>BILLING</u>	
The customer has been allocated Account N	No:
Domestic Institutional Commercial Industrial	Churches Water kiosk Waste Water/ Sewerage
Signature of Billing Administrator:	Date:
3. <u>CASHIER:</u>	
Applicant to pay:-	
Survey Fee ZMK	Receipt No: Date:
Connection Fee ZMK	Receipt No: Date:
Security Deposit ZMK	Receipt No: Date:
Name of Cashier	Signature of Cashier
4. <u>AUTHORIZATION</u>	
	ranted   to connect the above customer to our water supply and / or sewerage
Signature of Commercial Manager/ Distric  5. NETWORK	t Manager Date:
Date when connection done:	
Type of connection: Metered \( \square\) N	on – Metered
Meter Serial Number:	Size of Meter: Initial Reading:
	ne / Signature Date
<u>DISTRIBUTION</u>	
1 copy to customer 1 copy to technical department 1 copy to billing department	

NOTE: This application is valid for 90 days only