,	WATER A	PPLICATI	ON F	ORM	1						
MOBILE:EMAIL:											
Application No.:		Work Order Account No.:									
PLEASE FILL ALL RESPONSES WHERE APPLICABLE IN CAPITAL LETTERS AND TICK IN THE APPLICABLE BOX											
Last Name/Company name:	APPLICA	ANT/CUSTOMEI		AILS her Type							
PIN/TIN NO: (Attach copy)	National ID Passport No/incorporation No (Attach copy) Ownership of property: If other, specify							eify			
Tel.No. (office/Home):	Tel.No. (Mobile):				E-mail address:						
Postal Address	Code		To	own							
Customer ID	House No.				Meter type						
Status				Sta	tus date	e					
Alternate Contact Person Postal Address	Code	Code			E-mail address:						
Applicant's Signature;		Date									
Application Received by:		signature —	signature Date								

LANDLORD GUARANTEE (where Tenant is Applying)	
Name of	
Landlord	
Address	
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