

NORTH WESTERN WATER SUPPLY AND SANITATION COMPANY LIMITED
APPLICATION FOR WATER AND/SEWERAGE CONNECTION

FORM A

VALID FOR 90 DAYS

(To be completed in duplicate: copy to customer upon processing)

DATE COLLECTED: DATE SUBMITTED:.....

PART 1 DETAILS OF APPLICANT

FULL NAME OF APPLICANT:.....

BUSINESS NAME (if applicable):.....

PLOT No.:..... STREET NAME: AREA:.....

DISTRICT:.....PREMISES TYPE: DOMESTIC/NON-DOMESTIC (IN CASE OF
DOMESTIC STATE WHETHER HIGH COST OR LOW COST:.....

NRC/PASSPORT/CERTIFICATE OF REGISTRATION No.:.....

APPLICANT'S DESIGNATION: (OWNER/TENANT).....

POSTAL ADDRESS:.....

CONTACT TELEPHONE NO.:.....SIGNATURE:.....

NAME OF LANDLORD:..... ADDRESS:.....

NUMBER OF HOUSEHOLD MEMBERS AT THIS PLOT:

PLEASE ATTACH PHOTOCOPY OF ANY OF THE FOLLOWING

1. NRC/PASSPORT/CERTIFICATE OF REGISTRATION (Delete whichever is not applicable)
2. AN APPROVED LOCATION/SITE PLAN

PART 2 TECHNICAL DETAILS

ZONE:..... DISTRICT METER NO.:.....

SIZE OF MAINS:.....mm TYPE OF MATERIAL :.....

SIZE OF SUPPLY LINE:.....mm TYPE OF MATERIAL:.....

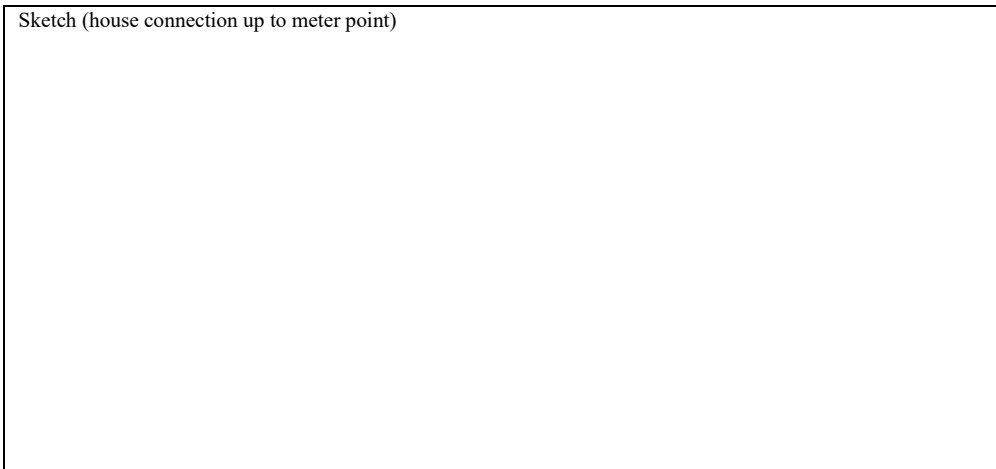
LENGTH OF CONNECTION:.....METRES. SIZE OF WATER METER:.....mm

ANY ROAD CROSSING?: YES/NO IF YES, TARRED/DIRT

OTHER REMARKS:.....

PREPARED BY:..... DESIGNATION:..... DATE:.....

Sketch (house connection up to meter point)



“Striving for excellence in water supply and sanitation”

PART 3 APPROVAL OF CONNECTION

THIS APPLICATION IS APPROVED WITH THE FOLLOWING PROVISIONS:

☐ METERED/STRAIGHT CONNECTION

THIS APPLICATION IS NOT APPROVED FOR THE FOLLOWING REASONS:

☐ OUTSIDE THE COVERAGE AREA

☐ OTHER:.....

(CROSS OUT WHICHEVER IS NOT APPLICABLE)

SIGNATURE:..... DESIGNATION:..... DATE:.....

PART4 PAYMENT REQUIRED

COST OF CONNECTION

Capital Contribution K.....

Material and labour cost K.....

ISSUED BY:..... DESGNATION:..... DATE:.....

NOTE THAT THIS QUOTATION IS VALID FOR 90 DAYS

(Capital contribution may be paid in three monthly instalments with the initial payment at connection the rest must be paid in full)

PART 5 PAYMENT RECORD ON CONNECTION

Capital Contribution K.....RECEIPT No.:..... DATE.....Sign:.....

Material and labour cost K.....RECEIPT No.:..... DATE.....Sign:.....

PART 6 INSTRUCTION FOR CONNECTION

SIGNATURE:..... DESIGNATION.....DATE:.....

CONNECTION DONE BY:

NAME:..... SIGNATURE :..... DESIGNATION:.....

METER SERIAL NO. DATE OF CONNECTION:...../...../.....

CONFIRMATION OF CONNECTION BY COMMERCIAL ASSISTANT:

WALK ROUTE:..... AREA:

NAME..... SIGNATURE: DATE:

PART 7 INSTRUCTIONS TO BILLING SECTION

ALLOCATE ACCOUNT NUMBER AND METER TRACK CARD. CUSTOMER TO BE BILLED EFFECTIVE DATE OF SUPPLY.

SIGNATURE:..... DESIGNATION:.....DATE:.....

The following customer number and tariff have been allocated.

CUSTOMER No. **TARIFF:**.....

ALLOCATED BY:

SIGNATURE:..... DESIGNATION:.....DATE:.....

NOTE THAT NWSSC SHALL ASSUME RESPONSIBILITY OF THE LINE BEFORE THE METER POINT. THE CUSTOMER THEREFORE WILL BE REPOSNSIBLE FOR ANY WATER LOSS AFTER THE METER POINT

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