



CENTRAL WATER AUTHORITY

Request For Change in Personal Data

Please Fill in the Details

Fill Account Number and Name as printed on Water bill.

Account Number

Name:

Title

Surname:

Forename :

ID No:

Supply Address :

Postal Address :

VAT Reg Address:

Please fill in if applicable

Home Tel No: Mobile No:

Office No: Fax No:

Email Id:

Remarks (If Any) :

PROXY

Please Fill in if application not in applicant's name

Applicant's Title

Applicant's Surname:

Applicant's Forename :

ID No:

Applicable if submitting by post only

Signature :