



CENTRAL WATER AUTHORITY

Application for Shifting/Enlargement of Tapping

Please Fill in the Details

Fill Account Number and Name as printed on Water bill.

Account Number

Name:

ID No:

Home Tel No:

Mobile No:

Office No:

Fax No:

Email Id:

Shift Type:

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 :

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