



CENTRAL WATER AUTHORITY

Application For Transfer of Name

Please Fill in the Details

Fill Account Number and Name as printed on Water bill.

Account Number
Name:

New Details

Title
Surname:
Forename :
ID No:
Supply Address :
Postal Address :
Home Tel No: Mobile No:
Office No: Fax No:
Email Id:
Category of Supply :
Title Deed Volume Title Deed Number:

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:

Please Fill in the Details
(If Applicable)

VAT Reg Number:
VAT Reg Address:

Applicable if submitting by post only

Signature :