



# APPLICATION FOR WATER LOSS

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DATE	30 May 2016

Name of Applicant : \_\_\_\_\_

Physical Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Code**

Postal Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Code**

Contact Number : **(Work)** \_\_\_\_\_ **(Cellular)** \_\_\_\_\_

Water Account Number : \_\_\_\_\_

Water Meter Number : \_\_\_\_\_

Type of Building : \_\_\_\_\_  
(Flats, Duplexes, etc)

Number of Dwelling Units : \_\_\_\_\_

Number of Servants Quarters : \_\_\_\_\_

Are there any commercial  
Activities taking place on the  
Property : Yes  No

If Yes, Give Number and  
Description of Activity : \_\_\_\_\_

\_\_\_\_\_

Sembcorp Siza Water (Pty) Ltd are hereby authorised to debit your account with the monthly charge applicable for water loss.

Signed \_\_\_\_\_

Date \_\_\_\_\_

### Official Use

Category of Building: A B C D E F G

Assisted by: \_\_\_\_\_

Inception Date: \_\_\_\_\_