

WE_CS001C/V9

NEW CONNECTION APPLICATION – COMMERCIAL / INSTITUTION / ORGANISATION

When filling in this form, please write clearly using CAPITAL LETTERS.

	Application checklist
All applica	ants must provide:
Requireme	nents from the Company/ Institution/ Organisation.
F	Proof of ownership. [certified true copy and not exceeding 14 days]
S	Sketch Map.
	Copy of business/ organization T.I.N letter.
	Copy of business/ organization certificate [registration].
	Copy of plumbers licenses. **[The plumber to setup your side including a stopcock where the meter is to be introduced with a standpipe & be onsite for inspection and ensure that piping is done as per WAF standard.]
L	Lodgment fee.
Requireme	nents from Directors/ Trustees.
	Copy of valid photo ID [Drivers Licenses, Passport, or Voter Registration].
(Copy of directors/ trustees T.I.N letter of joint T.I.N card.

Frequently Asked Questions (FAQ)

What is Proof of Ownership?

- Registered Freehold and Leased lands
 - Housing/ Crown/ Freehold/ ITLTB Recent and complete set of lease/title documents with customers name stipulated.

How much is the Lodgment fee?

- For Commercial/ Institution/ Schools/ Organisation/ Church/ Halls.
 - o \$101.00.

Processing Time

- ❖ Inspection to Approval 15 Working days from the inspection date.
- ❖ Installation 30 Working days from payment of New Connection cost, on a first-come, first-serve basis.
 [Stakeholder processing may cause delays]. *Note: Approval of installation is valid for 3 months from the date of issue.

How much does the new connection cost?

Commercial/ Institution/ Schools/ Organisation/ Church/ Halls – Total cost of materials, labour, plant and stakeholder [FRA/ EFL/TFL where necessary] is payable. This will be communicated when the approval of internal and external stakeholders are obtained. WAF on behalf of FRA will refund any unused monies to the customer where applicable.

1. Company/ organisation name:														1	_	
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2. Company/ organisation T.I.N (copy to	be inclu	ded):														
3. Company/ organisation registration i	no. (<i>copy</i>	to be ir	ncluded	<i>i</i>):												
4. Please enter the directors/ trustees	name:					 				<u> </u>		<u> </u>		ı	I	1
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A5. Director/ trustee to provide photo id	entificati	on (at-	least c	ne).												
Voter ID	ID No	: 🔲														
Passport	ID No	: 		İ												
Drivers License	ID No			<u> I </u>	<u> </u>											
Drivers License	ID NO															
6. Director/ trustee to provide T.I.N (copy to be included):																
	Director/ trustee to provide 1.1.N (copy to be included).															
For additional directors/ trustees	please	fill in th	e appe	endix	sec	tion.										
A7. Contact information.																
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Applicant's Details

Section A

^{*}Note "myBill Info Card" is only applicable to SMS and E-bill Customers'

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	No [Go	to B4]																								
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	Account No.:															Met	er N	lo:								
B4.	. State the title	/ deed	d typ	oe.																						
	Title type:															DP:										
B5.	. State addres	ss of p	rem	nises	s wh	ere	sei	vice	is r	equ	ired	. (In	stalla	ation	add	ress)	,				•					
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8. Provide details of	a <u>vali</u>	<u>id</u> li	cen	sed	plur	nbe	r. (c	ору	to be	e inc	lude	d)												
Plumbers Name:																								
Plumbers License	no.																							
9. Declaration																								
a. I agree to con	firm v	vith	the	Wa	ter	Auth	orit	y of	Fiji <i>i</i>	Act .	200	7, a	ll the	reç	julat	ions	an	d By	-La	ws n	ow	in fo	rce	and
policies and p	roced	dure	es h	erea	afte	r lav	vfull	y pr	escr	ibed	d by	the	Chi	ef E	xec	utiv	e Of	fice	r of	the	Wa	ter A	Autho	ority
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b. I hereby confin	m tha	at I	am '	the	own	er o	f the	e pro	per	ty/ l	and	des	crib	ed a	ınd h	ere	by g	ive	perr	niss	ion	to th	e au	ıthoı
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Bill SMS and E	my mobile number or email address to continue to receive my WAF bill. Also by registering to the WAF Go Bill SMS and E-bill Service that my hard copy bills will be available to me upon request at a WAF Custome																							
Service Centr	e.																							
Signature of applic	cant ((Dir	ecto	or/ T	rust	ee):																		
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Section C Official Use C1. Vetting officer to fill this section after validation. Date application received: Received by: Sign: __ Division: Station: C2. Create an account, and state account number to process the lodgment fee. Account No: C3. Payment details. Amount Paid: \$ Receipt no: C4. Site appointment. Appointment Date: Time: C5. Inspection Details Inspector's name: Date Inspected: Sign: Reservoir: Service TP Zone: UCV Assess: Inspectors remarks: Supervisor's name: Date: Sign: __ Supervisor's remarks: Approval Status: Accepted Declined **Quotation Generated:** Yes No

C6. Approvals C1. OPS Engineer. Engineer's name Date: Sign: ______ Engineer's remarks: C2. Regional Manager. Manager's name Date: Sign: ______. Manager's remarks: C7. Installation Details Meter serial no. Meter Size: Reading: Date: Installed by: Sign: _ Comments: Site linked with waste water connection: Yes No Fire service charge applicable: Yes No Connection Type (LV, STP, etc.): C8. GIS Officer.

Officer nar	ne														
Date:		/]			(Sign	: <u></u>				<u>.</u>	

Yes GIS Mapping: No

Officer remarks:

Appendix Additional Directors/ Trustees													
Please fill in this section if there are additional directors/ trustees.													
Please enter the directors/ trustees r	name.												
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Photo identification (at-least one).		1 1											
Voter ID	ID No:	 		1 1					$\overline{}$		$\overline{}$		
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Passport	ID No:								<u></u>				
Drivers License	ID No:								<u> </u>				
Director/ trustee to provide T.I.N (copy to be included):													
Please enter the directors/ trustees r	name:	1 1				1 1							
Photo identification (at-least one).													
Voter ID	ID No:												
Passport	ID No:												
Drivers License	ID No:												
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Please enter the directors/ trustees r	name:												
Photo identification (at-least one).													
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Please enter the directors/ trustees r	name:	 							$\overline{}$		$\neg \neg$		
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Photo identification (at-least one).		1 1			<u> </u>	 							
Voter ID	ID No:												

ID No. .:

ID No. .:

Passport

Drivers License

Director/ trustee to provide T.I.N (copy to be included):