

# MANDERA WATER AND SEWERAGE COMPANY

## EXHAUSTER SERVICE APPLICATION FORM

Application No: \_\_\_\_\_

Account No: \_\_\_\_\_



MANDERA WATER & SEWERAGE COMPANY  
P.O BOX 341-70300,  
MANDERA KENYA.

PLEASE FILL ALL RESPONSES WHERE APPLICABLE IN CAPITAL LETTERS AND TICK IN THE APPLICABLE BOX

### APPLICANT/CUSTOMER DETAILS

Last Name/Company Name: \_\_\_\_\_

Other Names: \_\_\_\_\_

Passport/ID No: \_\_\_\_\_

PIN NO: \_\_\_\_\_

Tel. No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Service Charge Amount: KES \_\_\_\_\_

Paid

Not Paid

Applicant's Signature: \_\_\_\_\_

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

Application Received By

Name: \_\_\_\_\_

Designation: Revenue In Charge

Signature: \_\_\_\_\_

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

### OFFICIAL USE ONLY

I have accepted the deposit payment made by the applicant. Further, I confirm that the required service has being deligently provided.

Verified by:

Name: \_\_\_\_\_

Designation: Commercial Manager

Signature: \_\_\_\_\_

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