

UTILITIES REGULATORY AUTHORITY

REGISTRATION OF SMALL WATER SUPPLIER

(Rule 3 of the Small Water Suppliers (Registration) Rules 2014)

REGISTRATION FORM

Small Water Suppliers are advised to read the Small Water Suppliers (Registration) Rules 2014, Commission Order no. U-0011-14, before filling out this form. A copy of the Rules is available on URA website.

You may contact URA if you have any questions.

Additional instructions when filling out the form:

- Separate registration form must be filled for each service area served or to be served
- Complete the form in its entirety
- Do not submit original papers

Date: _____

| | | |
|-----|---|--|
| 1. | Details of Small Water Supplier | |
| (a) | Full name (<i>if Small Water Supplier is a legal entity, also provide name and designation of contact person</i>) | |
| (b) | Address | |
| (c) | Phone number(s) | |
| (d) | E-mail address | |
| 2. | Description of the area served / to be served (<i>strike out part not relevant</i>) | |

| | |
|----|---|
| 3. | <p>Number of customers by category served / estimated to be served <i>(strike out part not relevant) (in numbers and words)</i></p> <p>Domestic _____</p> <p>Commercial _____</p> <p>Industrial _____</p> |
| 4. | <p>Number of meters by category <i>(in numbers and words)</i></p> <p>Domestic _____</p> <p>Commercial _____</p> <p>Industrial _____</p> |
| 5. | <p>Price charged / to be charged for each service category, vatu/m3 <i>(strike out part not relevant) (in numbers and words)</i></p> <p>Domestic _____</p> <p>Commercial _____</p> <p>Industrial _____</p> |
| 6. | <p>Source or catchment of water supply</p> |
| 7. | <p>Description of water treatment facility and quality testing program</p> |

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|----|--|
| 8. | Attach copy of the authorization received from the appropriate authority to supply water services |
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Declaration

- 1. I have carefully read and understand the Rules.
- 2. I confirm that all information provided in this Form is true, accurate and complete.

Signature

Name:

Designation:

For and on behalf of:

Date:

| |
|--------------------------------|
| To be filled by the URA |
| Registration No.: |