



Karuri Water and Sanitation Company

KAWSCO

Davekon Palace, Banana Limuru Road. P. O. Box 818 - 00219 Karuri. Tel:0727 484139, Email: info@karuriwater.co.ke, www.karuriwater.co.ke

Date: _____ Serial Number: _____

REF: CHANGE OF NAME OR CONTACT REQUEST FORM

Account No. _____ Plot No / LR No. _____

Current Registered Name: _____ Zone: _____

Relationship of Applicant to Registered Owner: _____

I, _____ ID No: _____ Tel: _____

request to change the name / contact of the above-named account.

To: _____ Contact: _____

Reasons for the change (Tick where necessary):

- | | |
|--|---|
| <input type="checkbox"/> Death of Original Owner | <input type="checkbox"/> Change of Ownership of the land where the account sits |
| <input type="checkbox"/> Change of Tenancy | <input type="checkbox"/> Completion of Construction |

Requirements:

1. Copy of Death Certificate in case of death of the original registered owner
2. Copy of Title Deed
3. Copy of Lease Agreement
4. Copy of ID of the applicant
5. Copy of KRA Pin of applicant
6. Proof of clearance of any arrears owed to the account
7. Completion Certificate

Sign: _____
(Applicant)

Name: _____ Name: _____

Sign: _____ Sign: _____
(Original Account Holder) (Customer Care Desk)

Recommended by Commercial Manager

Approved by Managing Director

Sign: _____ Sign: _____

Date: _____ Date: _____