



AFFIDAVIT FOR NON INDIGENT CUSTOMERS
Number of Occupied Residential Dwelling Units in
Sectional Title, Single Title Cluster developments, Gated Villages, Block of flats with unregistered
individual ownership of units

I, the undersigned, (Full name)), do hereby under oath state the following:

1. The facts contained in this affidavit are within my personal knowledge, unless indicated otherwise, is to the best of my belief true and correct.
 2. I am an adult male/female residing at:
.....
 3.(Insert full address)

Work Phone NoCell No.....

E-mail Address
 4. I am the owner/duly authorized representative of the Old age home / Homeless people shelters / Home catering for the health of physically or mentally challenged individuals (Delete whichever is not applicable)known as

..... (Insert name and description)

Situating at:

..... (Insert full address)
- Water Account Number** (Insert account number and attach copy of account to this Affidavit)
5. I confirm that there are(Insert number of occupied units in words and figures) occupied individual residential dwelling units within this Sectional Title, Single Title Cluster development, Gated Village, Block of flats with unregistered individual ownership of units.
 6. I understand **and accept the fact** that any credit accruing from this affidavit **will be backdated for a maximum period of three years** as per Water and Sanitation Department's Tariff Policy.

SIGNATURE OF DEPONENT

I certify that the deponent has acknowledge that he/she knows and understands the contents of this Affidavit which was signed and sworn to before me aton this date, the regulations contained in Government Notice No. R1258 of 21July, 1972 and R1648 of 19Aug 1977 having been complied with.

COMMISSIONER OF OATHS

FULL NAMES.....CAPACITY.....

ADDRESSAREA.....