



Water Authority of Fiji
 Nasinu, Suva.
 GPO Box 1272, Suva
 Republic of Fiji
 Phone 3346777
 Email contact@wafcom.fj

CHANGE OF OWNERSHIP FORM

PERSONAL DETAILS (New Owner)

Mr. Mrs. Miss Surname

First Names

Middle Name

NAME: _____

FATHERS NAME: _____

LANDLINE: _____ MOBILE: _____ FNPf NUMBER: _____ TIN NUMBER: _____

METER NUMBER: _____

ADDRESS OF PROPERTY: _____

POSTAL ADDRESS: _____

NAME OF PREVIOUS OWNER: _____ DATE OF TRANSFER: _____

SIGNATURE OF PREVIOUS OWNER: _____ DATE: _____

SIGNATURE OF NEW OWNER: _____ DATE: _____

FOR OFFICIAL USE ONLY

ACCOUNTNAME: _____ ACCOUNTNO. _____

APPROVED BY (TITLE NAME): _____ Date: _____

SIGNATURE: _____

ENTERED IN PUBS BY (CSR NAME): _____ Date: _____

GM CUSTOMER SERVICES (SIGNATURE): _____ Date: _____

REQUIREMENTS:

- Copy of Tax identification Letter
- Copy of photo identification (Birth Certificate/ FNPf Card)
- Copy of Title/ Lease documents