Eswatini Water Services Corporation

Customer Services

Customer Details Confirmation Form for Individuals

Account Number:

Please fill in the following spaces with your current details:

|  |
| --- |
| Title: Surname: Names: ID Number: Phone numbers: Cell   Home   WorkEmail Address:Present Employer: Employer Telephone Number:Postal Address:  Physical Address:  |

|  |  |
| --- | --- |
| **Date** | **Signature** |
|  |  |

*Attachments: a) ID copy*