



Water is life

# Application for C.A.P. Concession

## Section A: Customer/ Applicant Information

First Name:

Last Name:

Service Address:

Taxpayer Registration Number:

Contact Number:

## Section B: Account Information

Customer Number:

Premises Number:

Total Receivables On Account :

\$ \_\_\_\_\_

Total Receivables Over 90 Days:

\$ \_\_\_\_\_

## Section C: C.A.P Concession Agreement

Repayment Option:  Immediately  1-2 Months  3 Months

Agreement Amount: \$ \_\_\_\_\_

Write-off Amount: \$ \_\_\_\_\_

This agreement is subjected to review and ratification by the Customer Relations/ Revenue Recovery/ Receivables Manager.

I hereby agree to pay the above stated sum by an initial deposit of \$ \_\_\_\_\_ and the balance in \_\_\_\_\_ monthly instalments of \$ \_\_\_\_\_. The first such payment to be made on the \_\_\_\_\_ day of \_\_\_\_\_ and thereafter on or before the \_\_\_\_\_ day of each succeeding month.

I understand and agree that the Agreement is applicable only to the amounts outstanding for over 90 days, and that I am still responsible for the remaining balance on the account and all current charges.

I also understand that in the event of a default on my part, the NWC may revoke this Agreement and reverse the charges that were previously written-off.

Applicant's Signature

Customer Care Officer's Signature

Approved By – Regional Manager

Date