

DWW18N NEW CUSTOMER ACCOUNT FORM

Page 1

Section A: Owner Deta	ails	(Se	e No	ote A	۸)														F	PLE	AS	E U	SE	BL	OCI	(C	API	TAL	. LE	TTEI	RS
Ownership Category: (check a box)		Private - In Ireland																													
		Private - Outside Ireland																													
		Corporate - In Ireland																													
		Coi	rpor	ate -	- Out	side	Irel	and																							
Email Address:																															
First Name:																															
Surname:																															
Company Name: (if applicable)																															
								JL ¬r				JL 10] 10										JL Tr] 10	l T	
Company Contact First Name: (if applicable)								JL ¬r				JL 10][10										JL Tr] 10	JL Tr	
Company Contact Surname: (if applicable)								JL				JL 10][][]]	_ L	_
Phone No.:								JL][][l T	
Mobile No.:								JL																						_lL	
Correspondence Address:																															
																														井	4
County:]]				JL] [] [_				_ _	
Eircode:]] _																											
Country:]] [1				1			1						1				1		
Country.] [] [JL				╛┖] [_] [_ L			JL	_ L	
	Cont	act d	ata (i	inclu	ding e	mail	addı	ess)	ma	ay be	use	d to	issu	е а	rece	ipt (and	а се	ertifi	icat	e oj	reg	gisti	ratio	on.						
For Offical Use Only																															
DW Account Ref Code:					DW Bureau Stamp and Date:										Log Number:																
Payment Code ID:																															





DWW18N



Domestic Wastewater Treatment Systems Registration

Section B: Security Question (See Note B) PLEASE USE BLOCK CAPITAL LETTE									
Choose a Question:	A: What is your mother's maiden name? B: Where were you born?								
Answer:									
Section C: Domestic Wastewater Treatment System to be Registered (See Note C)									
Part A	PLEASE USE BLOCK CAPITAL LETTERS								
Address:	If Address to be registered is same as correspondence address tick this box and proceed to Part B.								
County:									
Eircode:									
Part B									
Water Services Authority:									
Section C2: Domestic	C Wastewater Treatment System to be Registered (See Note C)								
	ster another wastewater system. ems can be registered with copies of this page. PLEASE USE BLOCK CAPITAL LETTERS								
Address:									
County:									
Eircode:									
Water Services Authority:									
Section D: Application and Signature (See Note D)									
I hereby apply to have the domestic wastewater treatment system(s) at the above address(es) registered.									
Agent / Owner Signature:									
Date:									







Section E: Payment D	Details (See Note E)	PLEASE USE BLOCK CAPITAL LETTERS				
Payment must be made in EURO . Cheques, Bank Drafts or Postal Orders should be sent with your form to: Protect Our Water, PO Box 12204, Dublin 7.						
Cheque or Bank Draft I	Payment - Payable to "Protect Our Water"					
Choose:	Cheque: Bank Draft:					
Cheque / Bank Draft Number						
Bank Sort Code:						
Amount: €						
Postal Order Payment	- Payable to "Protect Our Water"					
Postal Order Number:						
Amount: €						
Card Payment						
Choose:	Visa:					
	Mastercard:					
Card Number:						
Expiry Date:						
CVV:						
Cardholder Name:						
Cardholder Signature:						
Amount: €						



Notes for Completion of Domestic WasteWater Treatment Systems **New Customer Account Form - DWW18N**

In completing the form, use CAPITAL LETTERS. Write clearly and accurately within the boxes. DO NOT join your writing.

A - Owner Details:

Please make sure to enter a correspondence address as when your form is processed a certificate of registration will be posted to this address. Please note the Eircode must be provided.

For the purposes of this application form, "company" includes public bodies, partnerships, trusts and all other nonindividuals who are owners of premises connected to domestic waste water treatment systems. If you represent a company, please enter the Company Name and contact name for the company. If the premises is jointly owned, please provide details of one owner only.

B - Security Question:

The security question is designed to protect the information provided by you and it may be requested in the future to verify your identity.

C - Domestic Wastewater Treatment System to be Registered:

This is the address of the premises that is connected to the domestic wastewater treatment system being registered.

Eircode: This is required and must be provided.

Your Eircode can be found by visiting www.Eircode.ie or by contacting your local Post Office.

Water Services Authority: This is the local authority in which the property you are registering is located.

D - Application & Signature:

The application form must be signed and dated by the owner (or one owner if premises jointly owned) of the premises or by his/ her authorised agent and dated when signed.

E - Payment Details:

The registration fee is €50 per system to be registered.

General Notes:

Before sending the form please ensure that you have included the following information:

- Owner name and correspondence address.
- ✓ Details of premises to be registered.
- ✓ Water Services Authority / Local Authority.
- Eircode.
- ✓ You have signed and dated the application in Section D.
- ✓ You have enclosed the correct payment or have provided the payment details in Section E.
- ✓ Please ensure all loose sheets are stapled together.

On Successful processing of registration a Certificate of Registration will be posted to you.

THE ABOVE INFORMATION IS REQUIRED TO PROCESS YOUR FORM. INCOMPLETE FORMS WILL BE RETURNED TO YOU.

Please Post completed form to: Protect Our Water, PO Box 12204, Dublin 8. Alternatively to Register Online go to www.protectourwater.ie.

If you require assistance please email **support@protectourwater.ie** or call 1890 800 800 or 00 353 (0)1 5242274 (Between 10:00 and 12:00 Monday to Friday).

Registration data will be used only as permitted under the Privacy statement governing the registration of domestic wastewater treatment systems.