



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:	<input type="text"/>	Surname:	<input type="text"/>
Names:	<input type="text"/>		
ID Number:	<input type="text"/>		
Phone numbers: Cell	<input type="text"/>		
Home	<input type="text"/>		
Work	<input type="text"/>		
Email Address:	<input type="text"/>		
Present Employer:	<input type="text"/>		
Employer Telephone Number:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Physical Address:	<input type="text"/>		

Date	Signature
<input type="text"/>	<input type="text"/>

Attachments: a) ID copy