



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

WE_CS012

BILL ARREARS/DISCONNECTION ARRANGEMENTS FORM

In signing this form the customer acknowledges and understands that he/she is entering into a contractual agreement with the Water Authority of Fiji (WAF) and that in failing to adhere to the obligations set out in this payment schedule WAF can pursue debt recovery actions through Small Claims Tribunal, Data Bureau and in court.

CUSTOMER DETAILS

Name: _____ Meter No: _____
 FNPF No: _____ Mobile No: _____
 TIN No: _____ Email: _____

PAYMENT ARRANGEMENT DETAILS:

Date of Arrangement: _____

Total Amount Due: _____ **Instalment period: fortnightly /monthly**

Terms of the Agreement:

I, _____, acknowledge that I owe
 WAF a total sum of _____. This arrears will be repaid in instalments of
 _____ (weekly / fortnightly / monthly)

Thus the total arrears will be cleared by _____. If for any reason the
 repayment is late, a \$1 per day late charge will ensue until the entire amount with additional
 late fees, is paid.

The WAF CSR and the payee agree to the payment agreement terms listed above.

Signed:

WAF CSR Signature	Date
WAF CSR Printed Name	Date
Payee's Signature	Date
Payee's Printed Name	Date