



MERU WATER AND SEWERAGE SERVICES (MEWASS) REGISTERED TRUSTEES

Tel: 064-32591
Fax: 064-32603
E-mail: info@mewass.or.ke

P. O. Box 859
60200 - MERU.
Website: www.mewass.or.ke

CLOSE OF ACCOUNT FORM

APPLICANT'S DETAILS

Account Name Pipeline No.:.....
Conn. No.:..... Account No.:..... Meter No.:.....
ID NO. (Attach Copy of ID)
P.O. BoxCode..... Mobile No.:..... (Current)
E-mail address.....
Name of the bank. Branch.....
Account Name.....Account Number.....
(Attach the original receipt of deposit)
Preferred mode of refund
1) Cash 2) Cheque 3) Deposit to the bank
a) Please note that for cash / cheque payment mode, you are required to collect your refund within one month.
b) For deposit to the bank account, indicate the mode of notification after the amount has been deposited into your account: (tick where appropriate)
(i) Letter. (ii) SMS (iii) E-mail. (NB: You are encouraged to use E-mail)
Customer Signature.....Date:.....



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