

Application for State/Sanitary Authority Grants in respect of the
Group Water Supply Scheme.

We, the undersigned, hereby irrevocably nominate:

(A)

1. _____ of _____
2. _____ of _____
3. _____ of _____

As Trustees to formulate, execute and maintain the above mentioned scheme and as Attorneys to receive the State/Sanitary Authority grants or any installments thereof, in respect of the scheme, and give a valid receipt for the grants or any installments thereof by signing the relevant pay order. In the event of the decease or resignation of any of the Trustees or Attorneys, we agree that a substitute Trustee or Attorney may be nominated by a majority of the undersigned.

IMPORTANT NOTES

1. Each person applying for a grant (i.e. the person who is paying for the connection) **must sign the form in his/her own handwriting** and state whether Mr. Mrs. or Miss).
2. Please indicate the type of connection required, i.e.

House and Land	=	H +L
House Only	=	H.O.
Land Only	=	L.O.
Site	=	Site

(B)

No.	Print Name (CAPITALS ONLY)	Signed	Location of house	Type of connection
1.				
2.				
3.				
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No.	Print Name (CAPITALS ONLY)	Signed	Location of house	Type of connection
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No.	Print Name (CAPITALS ONLY)	Signed	Location of house	Type of connection
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No.	Print Name (CAPITALS ONLY)	Signed	Location of house	Type of connection
76.				
77.				
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100.				

We, the undersigned, hereby agree to act as Trustees and Attorneys of the above group, and make an application for State/Sanitary Authority grants in respect of the water supply scheme referred to on this form. We hereby direct that all payments be addressed in care of the

(C)

Manager _____ Bank Ltd., _____

where an Account in the name of the Group has been opened.

Account Number:- _____

(D)

Signature of Trustees

Date:- _____

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CERTIFICATE OF SANITARY AUTHORITY

I hereby certify that the Sanitary Authority approves of the proposals for the provision of piped water supplies as set out in the attached documents.

Sanitary Authority

Date:- _____

Signed:- _____
ADMINISTRATIVE OFFICER

Date:- _____