



**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