

WATER AUDIT QUALIFICATION



REGISTRATION FORM

COMPANY GENERAL INFORMATION

COMPANY NAME	<input type="text"/>		
NATIONAL ADDRESS	<input type="text"/>		
DISTRICT	<input type="text"/>	CITY	<input type="text"/>
P.O. BOX / ZIP CODE	<input type="text"/>	PHONE	<input type="text"/>
EMAIL	<input type="text"/>		
CONTACT NAME	<input type="text"/>		
MOBILE PHONE	<input type="text"/>		

COMPANY ACTIVITY SURVEY

Q1: When was your company established?

- <6 months 6-12 months 12-18 months 18-24 months >24 months

Q2: How many employees does your company have?

- 1-5 6-8 9-12 12-20 >20

Q3: How many teams does your company have to perform water audit (e.g. leakage detection)?

- 1-2 3-4 5-7 7-10 >10

Q4: Which regions of the country is your company located?

- Central region Eastern region Western region

Please specify city

Q5: On average, how many water audit jobs (e.g. leakage detection) does your company do monthly?

- 0 1-2 3-5 5-10 >10 Don't know

DECLARATION OF INTEREST

I the undersigned, _____, declare hereby the intention of the company / institution _____ to apply for a water audit qualification and that the information provided by me in this form is correct. I authorize the Ministry of Environment, Water and Agriculture to verify this information for further qualification and I acknowledge that the company / institution will submit all required documentation and information to proceed with qualification within the timeframes established by the Ministry.

Signature: _____ Date: _____

Position: _____

