

WATER AUDIT QUALIFICATION



COMPANY REQUIREMENTS FORM

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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"/>		

ADMINISTRATION REQUIREMENTS

Q1: Commercial registration certificate number.

Q2: Commercial registration certificate expiry date.


 Please attached copy of the certificate

PROFESSIONAL CAPABILITIES REQUIREMENTS

Q3: Do you possess an ultrasound leakage detection equipment? Yes No *If yes, how many?*


Q4: Do you possess a gas trace leakage detection equipment? Yes No

Q5: Do you possess any other leakage detection equipment? Yes No

 Please attached supporting documents (e.g. invoice, certificate)

Q6: For how long has your company worked in water audits? (e.g. in-house leakage detection)

<3 months 3-6 months 6-12 months >12 months

 Please attached supporting documents (e.g. contracts, certificates)

Q7: Do you have an email address for your company? Yes No

Q8: Please confirm your company's email address.

Q9: Do you have a phone number for customers hotline? Yes No

Q10: Please confirm your company's phone number.

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PROFESSIONAL CAPABILITIES REQUIREMENTS

Q11: Do your employee wear professional uniform?

Yes

No

If yes, how many?

Q12: Do you use company branded vehicles?

Yes

No



Please attached supporting documents (e.g. pictures)

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: _____

