

## Register for an account

The quickest and easiest way to register for an account is to fill in our online form at **iwnl.co.uk** or scan this QR code.



You will immediately receive confirmation of your account being set up, and your account number.

Do you want to sign up to e-billing and save £1.50 a year?

Do you want to pay your bills by Direct Debit and save £3.50 a year?

If yes, please fill in the enclosed Direct Debit instruction and sent it with this form.

If you prefer, you can fill in the form below and return it to us in the enclosed pre paid envelope. It takes a little longer for us to process paper forms.

Section 1 - Your details							
Name:							
Daytime phone number:		Mobile number:					
Email address:							
Date of birth:							
Section 2 - Second account holder's details (if any)							
Name:							
Date of birth:							
Section 3 - Your billing and payment preferences							
E-billing							
70% of our customers have chosen to use E-billing as it is quick and convenient.		<ul> <li>24/7 access to our quick and convenient online billing system</li> <li>Track your monthly water costs</li> </ul>					
<ul><li>Save £1.50 a year</li><li>Reduce your carbon footp</li></ul>			nd receive an email to tell				
Direct Debit							
Spread the cost of your water bill across the year, in set monthly payments. It will be easier to budget as you know how much you will be paying and when. You will also save £3.50 a year.							

Yes

Yes

No

No

Section 4 - About you	r new propert	y				
Address:						
You will have one of the met	ers shown here ir	nstalled at y	our property.	Serial nu	ımber:	
Date you moved in:				m <sup>1</sup>	000040	
Meter serial number:  Meter reading on the date you moved in:					C1900 0000000	
How many people will be liv	ing in the propert	ty?				
Will you be responsible for paying the water cha			Yes		No	
If no, who will be responsib	le?(for example,	the tenant) <sup>r</sup>	?			
If you want your bill sent to a different address, give the address.						
Section 5 - Nominated fyou would like to nominate		lp you mana	age your account,	olease fill in this	section.	
Third party's name:						
Address:						
Daytime phone number:			Mobile number:	e number:		
Email address:			'	'		
Relationship to you:						
What do you want your nomi	nated third party	to do:				
Deal with general account queries and billing queries		(Th	Pay bills with permission from the cardholder. (The third party would not be liable for the charges.)			
Be contacted if bills are not paid		Red	Receive my bills			
Your signature:				Date:		
Nominated third party's signature:				Date:		