5 DETAILS OF APPLICANT AND OTHER INFORMATION

5.1 (See general notes and note ix)

(a) Full name and postal address of applicant. This should be the person who will become the consent holder should consent be issued.

* DWR CYMRU WELSH WATER
* PLAS Y FFYNNON
* CAMBRIAN WAY
* BRECON
* POWYS
*

Post Code: LD3 7HP

Daytime Telephone Number: 01874 623181

Company Registration Number (if appropriate):

(b) Agent (if any) - Full name and postal address.

*
*
*
*
*
*
*

Post Code:

Contact Name and Daytime Telephone Number:

5.2

Please give full name and address to which bills should be sent if different to that given above:

*
*
*
*
*
*

Post Code:

Daytime Telephone Number:

5.3 Are there any other factors to be taken into account? Please continue on a separate sheet if necessary.