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| Important Notes1. This form is intended for use by non-incorporated proponents of NEOM Company only.

Incorporated entities or external applicants must apply using a different form.1. Water connections are subject to a fee that will be borne by the Applicant.
2. Where there are no existing water networks, networks in the vicinity of the requested connection location, please allow for minimum 18 months for connection.

Where LUPs or ESIAs are required, this process may take longer.1. For assistance in completing this application, please contact **customersupport.water@neom.com**.
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| **PART A – APPLICANT DETAILS** |
| 1. Company Legal Name
 | Neom Company |
| 1. Region / Sector / Department
 |  |
| 1. Facility / Building / Project Name(to be connected to service)
 |  |
| 1. Commercial Registration #
 | 3550134238 |
| 1. VAT #
 | 310307049210003 |
| 1. Authorized Signatory(ED level or above)
 | Title | ☐ Dr. ☐ Mr. ☐ Ms. ☐ ……...  |
| Family Name |  |
| Given Name(s) |  |
| Position |  |
| Email |  |
| Mobile Phone |  |
| 1. Technical Contact
 | Title | ☐ Dr. ☐ Mr. ☐ Ms. ☐ ……...  |
| Family Name |  |
| Given Name(s) |  |
| Position |  |
| Email |  |
| Mobile Phone |  |
| **PART B – SERVICE DETAILS** |
| 1. Plot Sheet # (if applicable)
 |  |
| 1. UTM Coordinates

Connection point should be ~0.5 m outside of plot boundary  |  |
| 1. Requested Connection Date
 |  |
| 1. Requested Service Duration
 | [ ]  Permanent Connection[ ]  Temporary Connection(Expected Service End: ) |
| 1. Projected FlowsTo inform required connection capacity.
 | 1. Peak Flow Rate
 |  m3 per hour  |
| 1. Average Daily Demand
 |  m3 per day |
| 1. Intended usage

\*Sum total of Average Volumes should equate to Average Daily Demand in 14b). |  | **Average Volume\*** |
| Domestic (e.g., toilet, kitchen, utility room) | m3 / day |
| Drinking Water | m3 / day |
| Irrigation | m3 / day |
| Fire Water | m3 / day |
| Cooling Water | m3 / day |
| Process Water | m3 / day |
| Washdown | m3 / day |
| Dust Suppression | m3 / day |
| Other (Please specify in #17)  | m3 / day |
| 1. On-Site Storage Capacity (if any)
 |  |
| 1. Additional Information / Considerations
 |  |
| **PART C – SUPPORTING INFORMATION** |
| Please submit the following documents with your applicationApplications submitted without ALL required supporting documents will be rejected as incomplete.  |
| **Required Document(s)** | 28.Additional InformationAny additional information that may assist in the feasibility assessment of your request. If attaching additional documents, please list the document/file name and date |
| 1. Approved Site / Plot Sheet

Plot boundary, set back lines andbuffer zones must be clearly indicated | [ ]  |
| 1. Map of connection locationincluding identifiable landmarks, if any
 | [ ]  |
| 1. Illustration of Volume ProjectionsRefer to ENOWA Water Demand Guidelines and Template for requirements
 | [ ]  |
| 1. Wastewater Discharge Plan
 | [ ]  |
| 1. Approved LUP (if applicable)
 | [ ]  |
| 1. Approved ESIA (if applicable)
 | [ ]  |
| **PART D – TERMS AND CONDITIONS** |
| 1. Metering Facility
2. Designs for a metering facility will be made available after evaluation of connection requirements.
3. Provided all safety requirements are met; any meters will be installed by an appointed ENOWA Water Utility representative.
4. A water services connection will be provided subject to:
5. Applicant’s agreement of the [ENOWA Water Services Terms and Conditions](https://enowa.neom.com/ENOWA_%28Water%29_WEBSITE_TEMPLATE_R2_INTERIM_Water_Services_Agreement_16_August_2023.pdf);
6. completion of a satisfactory engineering assessment by ENOWA Water;
7. successfully onboarding of the Applicant as a bonafide customer of ENOWA Water; and
8. payment of the connection fee by the Applicant.
 |
| [ ]  | ***By undersigning, the Applicant has read and understood the ENOWA Water Services Terms and Conditions, confirms that they are authorized to make this application and commits to pay for all water connections and water supplied, in accordance with approved NEOM water tariffs.*** |
| **Print Name** |  |
| **Region / Sector / Department** |  |
| **Title** |  |
| **Authorized Signature**ED-level or above with requisite DoA,if NEOM Company |  |
| **Date** |  |

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