

Application Form

I want to join the 'Here to Help' scheme

Name: _____

Address: _____

Postcode: _____

Telephone number (day): _____

Telephone number (evening): _____

Mobile number: _____

Email address: _____

Customer reference number: This is the number on your bill, that begins with an '8'

Once you've filled in the form, please post it (**no stamp needed**) to:

Dŵr Cymru Welsh Water
FREEPOST
SWC 5253
Cardiff
CF3 5GY

Declaration:

I understand that the information I have provided may be held and used by Dŵr Cymru Welsh Water (and its authorised employees and agents) to provide the services I have applied for.

Signature: _____

Date: _____

Checklist – have you?

- 1 Told us your address and telephone number
- 2 Given us your email address if you have one
- 3 Customer Reference number
- 4 Made sure your nominee (if required) has signed the form to act on your behalf and / or to receive your bill
- 5 Told us if you are having home dialysis
- 6 Signed and dated the form

Rhestr gyfeirio – ydych chi wedi?

Dyddiad: _____

Llofnod: _____

Rwy'n deall y gall Dŵr Cymru Welsh Water (a'i staff a'i asiantau awdurdodedig) gadw a defnyddio'r wybodaeth yr wyf yn ei chyflwyno er mwyn darparu'r gwasonau rwyf i wedi gwneud cais amdanynt.

Datganiad:

Dŵr Cymru Welsh Water

Ffurflen Gais

Rydw i am ymuno â'r cynllun 'Yma i Helpu'

Enw: _____

Cyfeiriad: _____

Cod post: _____

Rhif ffôn (dydd): _____

Rhif ffôn (nos): _____

Rhif ffôn poced: _____

Cyfeiriad e-bost: _____

Cyfeirnod cwsmer: Y rhif sy'n dechrau ag '8' ar eich bill yw hwn

Ar ôl llenwi'r ffurflen, dylech ei hanfon (**nid oes angen stamp**) ot:

Dŵr Cymru Welsh Water

RHADBOST

SWC 5253

Coerdydd

CF3 5GY

Please tell us how we can help you

Service	Account Holder (Please tick)	Someone else in the Property (tick)
Is blind or visually impaired		
Has a speech impairment		
Is deaf or hard of hearing		
Needs a constant supply of water due to medical conditions		
Is dialysing at home		
Has a disability		
Has learning difficulties		
Other (can you explain what this is)		

I would like help with reading my meter

I would like to have my meter moved

What happens next?

We will contact you to talk about this further.

I would like to receive my bill:

On CD/MP3/audio cassette

In Braille

In large print

Email

Here to Help Scheme

Please tell us how else we can help you

I would like to nominate someone to act on my behalf:

Name: _____

Address: _____

_____ Postcode: _____

Telephone number (day): _____

Telephone number (evening): _____

Mobile number: _____

Nominee Signature: _____

I would like to nominate someone to receive my bill for me:

Name: _____

Address: _____

_____ Postcode: _____

Telephone number (day): _____

Telephone number (evening): _____

Mobile number: _____

Nominee Signature: _____

I would like to join the password scheme.

Please enter your password here:

If you would prefer us to contact you for a password please tick here and make sure that you have given us your daytime contact telephone number above

Y Cynllun Yma i Helpu

Dywedwch wrthym sut y gallwn ni'ch helpu chi

Hoffwn enwebu rhywun i weithredu ar fy rhan:

Enw: _____

Cyfeiriad: _____

_____ Cod post: _____

Rhif ffôn (dydd): _____

Rhif ffôn (nos): _____

Rhif ffôn pced: _____

Llofnod yr enwebai: _____

Hoffwn enwebu rhywun i dderbyn fy miliau ar fy rhan:

Enw: _____

Cyfeiriad: _____

_____ Cod post: _____

Rhif ffôn (dydd): _____

Rhif ffôn (nos): _____

Rhif ffôn pced: _____

Llofnod yr enwebai: _____

Hoffwn gofrestru ar gyfer y cynllun cyfrineiriau.

Nodwch eich cyfrinair yma:

Os byddai'n well gennyh eich bod ni'n cysylltu â chi i ofyn am gyfrinair, ticwch y blwch a sicrhewch eich bod wedi nodi eich rhif ffôn cyswllt yn ystod y dydd uchod

Dŵr Cymru Welsh Water

Dywedwch wrthym sut y gallwn ni'ch helpu chi

Gwasanaeth

Deilod y Cyfrif (ticwch)

Rhywun arall yn yr Eiddo (ticwch)

Dall neu â nam or y golwg

Nam or yllefydd

Byddar neu â nam or y clyw

Angen cyflenwad parhaus o ddŵr oherwydd anhwylder meddygol

Cyflawni dialysis gartref

Anabi

Anwsterau dysgu

Arall (rhoch y manylion)

Hoffwn gael cymorth i ddarllen fy mesur ydd

Hoffwn wneud treftiodau i symud fy mesur ydd

Beth fydd yn digwydd nesaf?

Byddwn ni'n cysylltu â chi i drofod hyn ymhellach.

Hoffwn gael fy mil:

Ar CD/MP3/caset sain

Mewn Braille

Mewn print bras

Trwy e-bost