

Ticiwch yr holl flychau sy'n berthnasol i'ch aelwyd chi i gael dŵr potel os oes problem gyda'ch cyflenwad

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Oed pensiwn  | <input type="checkbox"/> Liff't risiau, teclyn codi, gwely trydanol     | <input type="checkbox"/> Anhwylder datblygu                          |
| <input type="checkbox"/> Salwch cronig/difrifol                               | <input type="checkbox"/> Nam corfforol                                  | <input type="checkbox"/> Iechyd meddwl                               |
| <input type="checkbox"/> Dibyniaeth feddygol ar gael cawod/bath               | <input type="checkbox"/> Methu ag ateb y drws                           | <input type="checkbox"/> Teulu â phlant ifanc 5 oed ac iau           |
| <input type="checkbox"/> Dibyniaeth ar ddŵr                                   | <input type="checkbox"/> Anawsterau symud y dwylo                       | <input type="checkbox"/> Methu â chyfathrebu yn Saesneg              |
| <input type="checkbox"/> Dyfais nebiwlyddio a monitor apnoea                  | <input type="checkbox"/> Dall   | <input type="checkbox"/> Problemau aroglï/blasu                      |
| <input type="checkbox"/> Anhwylder y galon, neu'r ysgyfaint a chymorth anadlu | <input type="checkbox"/> Nam ar y golwg                                 | <input type="checkbox"/> Presenoldeb person arall yn ddymunol        |
| <input type="checkbox"/> Crynodydd ocsigen                                    | <input type="checkbox"/> Nam ar y clyw (gan gynnwys byddar)             | <input type="checkbox"/> Dros dro – newidiadau mewn bywyd            |
| <input type="checkbox"/> System llinell gofal/teleofal                        | <input type="checkbox"/> Nam ar y lleferydd                             | <input type="checkbox"/> Dros dro – ymadfer ar ôl bod yn yr ysbyty   |
| <input type="checkbox"/> Angen cadw meddyginiaeth yn oer                      | <input type="checkbox"/> Dialysis, pwmp bwydo a meddyginiaeth awtomatig | <input type="checkbox"/> Dros dro – preswlydd sy oedolyn ifanc (<18) |
| <input type="checkbox"/> Angen cyflenwad ocsigen                              | <input type="checkbox"/> Nam gwybyddol                                  |  |

Dyddiad gorffen

Pwy sydd angen y gwasanaeth?

- Deiliad y cyfrif  Rhywun arall yn yr eiddo. Beth yw enw'r person?

- Ydyn nhw o dan 18 oed ac ai chi yw'r rhiant/gofalwr?

Sut hoffech chi dderbyn eich bil neu gyfathrebu â ni?

- Mewn Braille, neu  ar CD, neu  ar ffurf MP3
- Mewn print bras – ticiwch pa faint  16  20  24

- Bil print bras ar gefndir lliw

Ticiwch i ddewis eich lliw

- Gwasanaeth Negeseuon Testun 18001 0800 052 0145

- Darllen eich bil i chi dros y ffôn

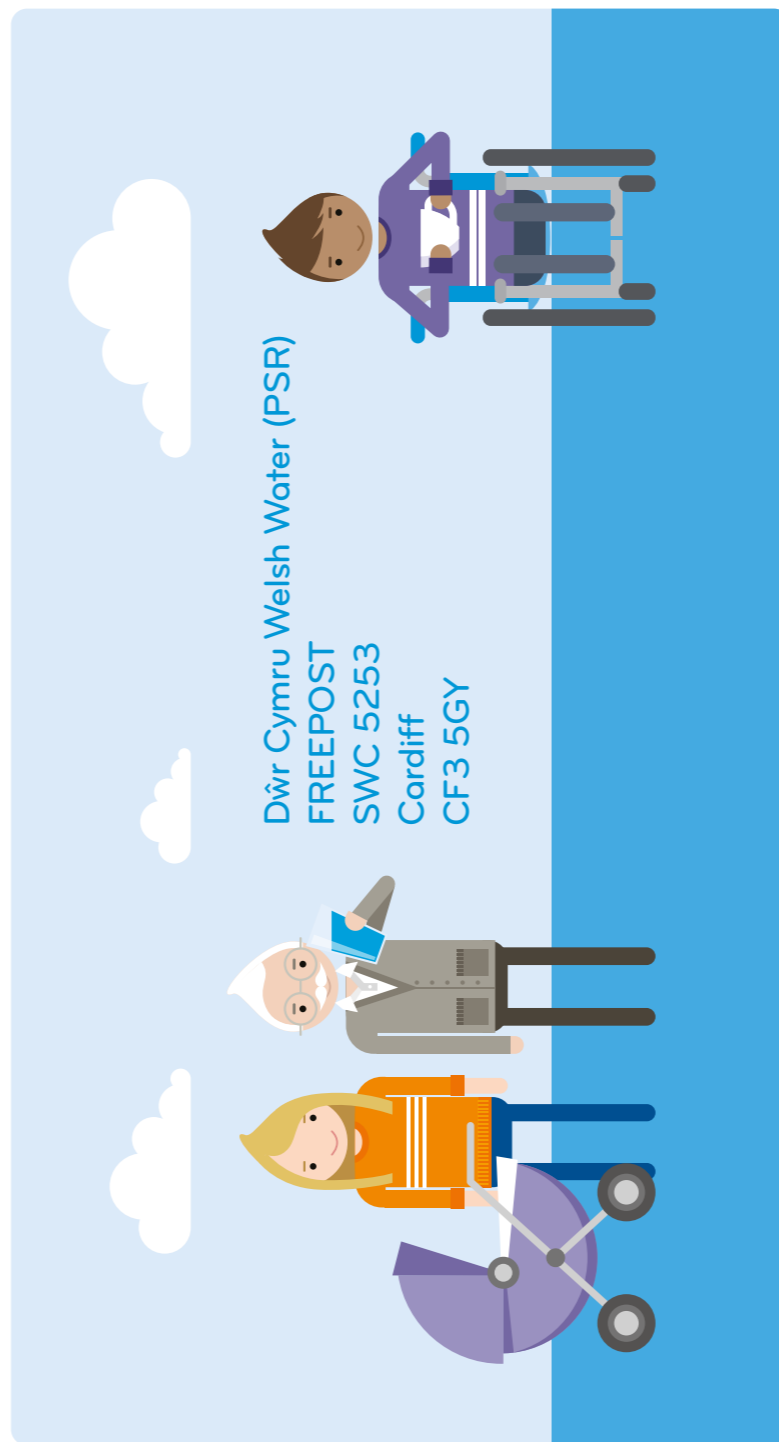
- Hoffwn gael cymorth i ddarllen fy mesurydd  Hoffwn symud fy mesurydd

Y Cynllun Cyfrineiriau

Cofrestrwch gyfrinair unigryw i ni ei ddefnyddio pan fo angen ymweld neu gysylltu â chi fel eich bod chi'n teimlo'n ddiogel yn eich cartref.

Cyfrinair rhag galwyr ffug:

Os llenwch chi'r ffurflen hon a'i dychwelyd i ni, byddwn ni'n cofnodi eich manylion ar ein Cofrestr Gwasanaethau Blaenoriaeth. Byddwn ni'n cysylltu â chi o bryd i'w gilydd i wneud yn siŵr bod eich manylion yn gyfoes o hyd. Rhowch wybod i ni os bydd eich manylion personol neu'ch amgylchiadau'n newid. Os penderfynwch chi nad ydych am fod ar ein Cofrestr Gwasanaethau Blaenoriaeth mwyach, ffoniwch ni ar **0800 052 0145** rhwng 8am ac 8pm dydd Llun i ddydd Gwener a rhwng 8:30am a 1:30pm dydd Sadwrn a byddwn ni'n dileu eich manylion. I gael rhagor o wybodaeth am sut rydyn ni'n defnyddio eich data, darllenwch ein llyfryn 'Sut rydyn ni'n Defnyddio eich Data' – gallwch naill ai gofyn i ni anfon copi atoch neu fynd i'n gwefan [dwrcymru.com/cop](http://dwrcymru.com/cop)



Free registration – Cofrestrwch am ddim



Become a Priority Customer

Cofrestrwch fel Cwsmer Blaenoriaeth



For when you need a little extra help

You may be a parent with a young baby, a dialysis patient, have sight or hearing difficulties or are elderly or disabled.

By joining our Priority Services Register you can get extra help with:

- alternative ways of getting information
- bottled water if your supply is interrupted
- reassurance against bogus callers

Pan fo angen ychydig o gymorth ychwanegol arnoch

Efallai eich bod chi'n rhiant â phlentyn ifanc, yn cael triniaeth dialysis, bod gennych broblemau gyda'ch golwg neu'ch clyw, neu eich bod yn oedrannus neu'n anabl.

Trwy ymuno â'n Cofrestr Gwasanaethau Blaenoriaeth, gallwch gael cymorth ychwanegol gyda:

- ffyrdd eraill o dderbyn gwybodaeth
- dŵr potel os oes problem gyda'ch cyflenwad
- tawelwch meddwl rhag galwyr ffug

## Application Form

### Fill in your details to register for Priority Services

My name is:  Date of birth:

My address is:

Telephone number:  Tenant or homeowner:

Email address:

Signature:  Date:

Customer account number (this number appears on the top right of your water bill):

#### Sharing your details

Please tick this box if you would like us to share your details with organisations in your area such as other utilities, emergency services, local authorities and health services who may be able to help you during an emergency.

## Nominate someone to act on your behalf

### Use this section to tell us your nominated person's details

Name of nominated person:  Their relationship to you:

Their address:

Their telephone number:  Their mobile phone number:

Nominee signature:  If you want the nominated person to receive your bill and correspondence please tick this box

If you would like to find out more information about Power of Attorney go to [www.gov.uk/government/organisations/office-of-the-public-guardian](http://www.gov.uk/government/organisations/office-of-the-public-guardian) or phone 0300 456 0300.

Please tick all that apply to your household to receive bottled water if your supply is interrupted

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pensionable age                       | <input type="checkbox"/> Physical impairment                           | <input type="checkbox"/> Mental health                             |
| <input type="checkbox"/> Chronic/serious illness               | <input type="checkbox"/> Unable to answer door                         | <input type="checkbox"/> Families with young children 5 and under  |
| <input type="checkbox"/> Medically dependent showering/bathing | <input type="checkbox"/> Restricted hand movement                      | <input type="checkbox"/> Unable to communicate in English          |
| <input type="checkbox"/> Water dependent                       | <input type="checkbox"/> Blind   | <input type="checkbox"/> Poor sense of smell/taste                 |
| <input type="checkbox"/> Nebuliser & apnoea monitor            | <input type="checkbox"/> Partially sighted                             | <input type="checkbox"/> Additional presence preferred             |
| <input type="checkbox"/> Heart, lung and ventilator            | <input type="checkbox"/> Hearing impairment (inc. deaf)                | <input type="checkbox"/> Temporary – life changes                  |
| <input type="checkbox"/> Oxygen concentrator                   | <input type="checkbox"/> Speech impairment                             | <input type="checkbox"/> Temporary – post hospital recovery        |
| <input type="checkbox"/> Careline/telecare system              | <input type="checkbox"/> Dialysis, feeding pump & automated medication | <input type="checkbox"/> Temporary – young adult householder (<18) |
| <input type="checkbox"/> Medicine refrigeration                | <input type="checkbox"/> Dementia(s)/Cognitive impairment              | <input type="text" value="End date"/>                              |
| <input type="checkbox"/> Oxygen use                            | <input type="checkbox"/> Developmental condition                       |  |
| <input type="checkbox"/> Stair lift, hoist, electric bed       |  |  |

### Who is the service needed for?

For the account holder  For someone else in the property. Please tell us their name.

Are they under 18 and are you the parent/guardian?

### How would you like to receive your bill or communicate with us?

- In Braille, or  On CD, or  MP3
- In large print – please tick which size  16  20  24
- Large print bill with a coloured background
- Please tick your choice of colour
- Text Relay Service 18001 0800 052 0145
- Read your bill to you over the phone
- I would like help with reading my meter  I would like to have my meter relocated

### Password Scheme

Register an unique password for us to use when we need to visit or contact you, so that you feel safe in your home.

Bogus caller password:

If you fill in this form and return it to us, we will record your details on our Priority Services Register. We will contact you from time to time to check that your details are still up to date. Please let us know if any of your personal details or circumstances change. If you decide you don't want to be on our Priority Services Register any more, please call us on **0800 052 0145** between 8am and 8pm Monday to Friday and 8:30am to 1:30pm on Saturday and we'll remove your details. For more information on how we use your data, please see our 'How We Use Your Data' booklet – either ask us to send you a copy or visit our website [dwrcymru.com/cop](http://dwrcymru.com/cop)

## Ffurflen Gais

### Nodwch eich manylion i gofrestru am Wasanaethau Blaenoriaeth

Fy enw yw:  Dyddiad geni:

Fy nghyfeiriad yw:

Rhif ffôn:  Tenant neu berchennog:

Cyfeiriad e-bost:

Llofnod:  Dyddiad:

Rhif cyfrif y cwsmer (mae'r rhif yma'n ymddangos yng nghornel dde uchaf eich bil dŵr):

#### Rhannu eich manylion:

Ticiwch y blwch hwn os ydych chi am i ni rannu eich manylion â sefydliadau yn eich ardal leol fel cyfleustodau eraill, gwasanaethau brys, awdurdodau lleol a gwasanaethau iechyd a allai eich cynorthwyo mewn argyfwng.

## Enwch rywun i weithredu ar eich rhan

### Defnyddiwch yr adran hon i rannu manylion y person rydych am ei enwebu

Enw'r person a enwebir:  Eu perthynas â chi:

Eu cyfeiriad:

Eu rhif ffôn:  Eu rhif ffôn poced:

Llofnod y person a enwebir:  Os ydych chi am i'r person a enwebir dderbyn eich bil a'ch gohebioeth, ticiwch y blwch yma

Os ydych chi am goel rhagor a wybodaeth am Atwrneiaeth ewch i [www.gov.uk/government/organisations/office-of-the-public-guardian](http://www.gov.uk/government/organisations/office-of-the-public-guardian) neu ffoniwch 0300 456 0300.