



Central Administration Building , Church Wharf,
MARSA HMR 01, MALTA

APPLICATION FOR A TEMPORARY SUPPLY

1) FULL NAME OF APPLICANT _____
 I.D. CARD NO _____
 TELEPHONE NO _____
 POSTAL ADDRESS _____

2) ADDRESS WHERE SERVICE IS REQUIRED _____

FOR THE PURPOSE OF _____

3) DURATION OF SERVICE FROM _____ TO _____

4) CATEGORY OF SERVICE REQUIRED
(mark as required)

	Load Required	Annual/ Application Fee	Deposit on Consumption	Please Tick
Kiosks	40 Amps Single Phase	LM 7	LM 10	
Stands	40 Amps Single Phase	LM 7	LM 5	
Street Decorations	40 Amps Single Phase	LM 30	LM 20	
Street Decorations	60 Amps Three Phase	LM 30	LM 20	
Street Decorations	100 Amps Three Phase	LM 30	LM 70	
Street Decorations	125 Amps and over Three Phase	LM 230	LM 170	
Others*	60 Amps and over Three Phase	LM 230	LM 1000	

* may include other services such as cranes, circus, luna parks and festivals.

5) CONDITIONS OF SUPPLY

A) The temporary service will be extended for a period of **not more than 30 days**. The Corporation reserves the right to disconnect the service after the expiry of this period.

B) This application is to be submitted **at least 10 days** in advance of the date when the service is required. Late applications will not be accepted.

6) DECLARATION BY APPLICANT

I the undersigned _____ hereby apply for a temporary supply of electricity in accordance with the E.S.R. and under the above mentioned conditions.

Applicants Signature _____

7) DECLARATION BY LICENCED WIREMAN

I certify that the electrical installation specified in paragraph 4 at the following address

has been inspected and tested in accordance with the E.S.R. and that the results obtained are satisfactory. Furthermore the installation complies with good engineering practice.

Signature of wireman _____

Licence No _____ Telephone No _____

8) CONFIRMATION BY POLICE
OR BY LOCAL COUNCIL
(in the case of Kiosks or Stands)

Rubber Stamp
where applicable _____

For office use:

1) Accepting Officer's Signature : _____
 Date : _____

2) Cashier's Signature : _____
 Date : _____
 Amount : _____
 Receipt No : _____

3) Date of installation : _____
 Meter No : _____
 Box No : _____
 Initial Reading : _____
 Tradesman's Name : _____
 Signature : _____

4) Date of removal : _____
 Meter No : _____
 Final Reading : _____
 Consumption : _____
 Tradesman's Name : _____
 Signature : _____
 Contractor's Signature : _____
 I.D. No : _____