



APPLICATION FOR REMOVAL OF SUPPLY

Form No. C

Central Administration Building, Church Wharf
MARSA HMR 01, MALTA

1) APPLICANT DETAILS

FULL NAME _____

I.D. CARD NO. _____

TELEPHONE NO. _____

POSTAL ADDRESS _____

*2) CONSUMER DETAILS (if not same as in 1)

FULL NAME _____

I.D. CARD NO. _____

TELEPHONE NO. _____

ADDRESS FROM WHERE SERVICE IS TO BE
REMOVED: _____

3) METER DETAILS

*ACCOUNT NO. _____

METER NO. _____

SERVICE: Domestic/ Commercial / Industrial

4) DETAILS OF PERSON WHO WILL PROVIDE ACCESS
ON REQUEST

FULL NAME _____

TELEPHONE NO. _____

POSTAL ADDRESS _____

5) CONDITIONS OF REMOVAL OF SUPPLY

A new application plus respective fee shall be made for the reinstatement of a meter where such meter has been previously removed at the demand of the consumer or of a member of his family.

6) DECLARATION BY CONSUMER / APPLICANT

We the undersigned _____ hereby request the Enemalta Corporation to carry out the work described above and declare that we agree to all conditions laid down in the Electricity Supply Regulations.

Consumer's Signature _____

Applicant's Signature _____

Date: _____

*** If consumer on whom meter is registered is deceased please attach death certificate.**

*** Attach a copy of a recently paid bill.**

For Office Use:

1) Receiving Officer's Signature

Date: _____

2) Date of removal of supply and meter

Meter No. _____

Final Reading _____

Make _____

Amps and Voltage _____

Brown Seals _____

Blue Seals _____

Red Seals _____

Tradesman's Name _____

Tradesman's Signature _____

T.O.'s Signature _____

Date: _____