

1.(a) Full name of Applicant

Surname

Name

(b) I. D. Card No./Company Reg. No.

(c) Telephone/Fax No.

(d) Address where service is required

No. or name of site

Street

Locality

Postal code

2. Indicate here name and address of person who will provide access on request

Name and surname

No. or name of site

Street

Locality

Postal code

3. Indicate here the postal address for billing purposes (if not as in 1(d))

No. or name of site

Street

Locality

Postal code

4.(a) Purpose for which premises is used

Hotel and Guest House  Commercial and others  Industrial

(b) Nature of business

5.(a) Meter No.

(b) Account No.

(c) Maximum Demand Account No.

6. This form is to be presented with a letter headed communication confirming that signatory is authorised to make this declaration on behalf of the said organisation.

The Corporation has the right to refuse application if issued consumption bills are in arrears in terms of the Electricity Supply Regulations.

I/We hereby declare that I/We am/are opting for the appropriate Tariff as specified in terms of L.N. 99 of 2003

Applicant's signature \_\_\_\_\_

Date

D D M M Y Y



**10. TO BE FILLED IN BY METER SECTION (If Applicable)**

**10 A. Old meter information**

Meter no.	<input type="text"/>	Reading	<input type="text"/>	Fuse rating	<input type="text"/>
Make and Type	<input type="text"/>	Amps	<input type="text"/>	Voltage	<input type="text"/>
Red seals no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blue seals no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brown seals no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10 B. New meter information**

Meter No.	<input type="text"/>	Reading	<input type="text"/>	Fuse rating	<input type="text"/>
Make and Type	<input type="text"/>	Amps	<input type="text"/>	Voltage	<input type="text"/>
Red seals no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blue seals no.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**10 C. I declare that the information in sections 4, 5(a) and above is correct.**

Name of tradesman carrying out work	<input type="text"/>			
Signature of tradesman carrying out work	_____	Date	<input type="text"/>	<input type="text"/>
			D D	M M
			Y Y	
Signature of PDTO/SDTO	_____	Date	<input type="text"/>	<input type="text"/>
			D D	M M
			Y Y	

**11. To be filled in by applicant or his representative after work has been completed.**

I declare that Enemalta's apparatus was correctly and satisfactory installed .

Rate the level of service provided 1  2  3  4  5  1 = very poor 5 = very good

_____	ID No.	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>
Firma/Signature			D D	M M	Y Y