

APPLICATION FORM: SUPPLYING / RELOCATION OF ELECTRICAL SERVICES

NB: THIS FORM MUST BE COMPLETED IN FULL

Name of Applicant (Owner):

Postal Address:

Code:

E-mail address:

Contact Number: Contact Person:

Address where the electrical connection is required:

Stand Number:

Mark with a in the appropriate checkboxes

Description of Stand:	Business:	<input type="checkbox"/>	Industrial:	<input type="checkbox"/>	Residential:	<input type="checkbox"/>		
Type of Connection:	Change to pre-payment	<input type="checkbox"/>	Enlargement Res / Bus / Ind *	<input type="checkbox"/>	Decrease *	<input type="checkbox"/>	Relocating *	<input type="checkbox"/>
<input type="checkbox"/> Zoning certificate required	New Connection (no deposit)	<input type="checkbox"/>	Temporary *	<input type="checkbox"/>	Additional meter/s to Dwelling *	<input type="checkbox"/>	SSEG (SSEG application to be completed) *	<input type="checkbox"/>
Notes:								
*(Deposit is non refundable)								
Type of Metering Required:	Conventional	<input type="checkbox"/>	Three Phase:	<input type="checkbox"/>	Single Phase:	<input type="checkbox"/>	Quantity:	<input type="checkbox"/>
	Pre-Payment	<input type="checkbox"/>	Three Phase:	<input type="checkbox"/>	Single Phase:	<input type="checkbox"/>	Quantity:	<input type="checkbox"/>
	Bulk Supply	<input type="checkbox"/>						

Load Required Ampère / kVA

Dated this Day of 20.....

Signature of Applicant (Owner):

Please note that construction work will only commence within 30 days after payment of the amount due. (* Deposit is non refundable.)

ENERGY SERVICES DIRECTORATE

- P.O BOX 111, POLOKWANE, 0700
- CIVIC CENTRE, CNR LANDROOS MARÉ & BODENSTEIN STREETS
- POLOKWANE, 0699, SOUTH AFRICA
- TEL: +27 15 290 2213
- FAX: +27 15 290 2249

FOR OFFICE USE ONLY

Revenue & Customer Care

ACCOUNT NUMBER: _____ PAID IN FULL YES NO

PERMISSION GRANTED TO COMMENCE WITH CONSTRUCTION WORK YES NO

STAMP & SIGNATURE (ACCOUNTS)
APPROVED: ASST. MANAGER / MANAGER

Cost	Date	Deposit	Date	Cost LESS Deposit	Name in Print	Signature
		R 959.23				

Money Received: DEPOSIT	Amount	Receipt Number	Date	Cashier's Name in Print
Deposit Fees: 20180729994594				

STAMP & SIGNATURE (CASHIER)

Money Received: CONNECTION	Amount	Receipt Number	Date	Cashier's Name in Print
Connection Fees: 20180729994594				

STAMP & SIGNATURE (CASHIER)

Route of Application Form

Division	Date Received	Date Finished	Name in Print	Signature
Administration				
Technician (Design)				
Ass. Man. Operation				
Superintendent				
Foreman				
Artisan				
Meter Tech. (Bulk)				
SCADA Official				
As-Built Capture (GIS)				
Finance (Revenue)				
Filing (Inspectors)				

Meter Information	Old Meter Number	New Meter Number	Name in Print	Signature
Meter Number				
Reading (kWh)				
Reading (kVA)				
C/T ratio				
P/T Ratio				
Meter Constant				
Factor (kWh)				
Factor (kVA)				

Remarks
