

ELECTRICITY SUPPLY CORPORATION OF MALAWI LIMITED



CUSTOMER APPLICATION FOR ELECTRICITY NETWORK SERVICES

Take note that processing of customers applications and quotations are **FREE of charge*

You are encouraged to access and send this application form electronically in the light of Covid-19 pandemic. Please send your electronic application to the following addresses depending upon your region:

Region	Email	WhatsApp
Southern Region	customerservices@escom.mw	0884 584754
Central Region	customerservices@escom.mw	0888 950280
Northern Region	Customerservicesnorth@escom.mw	0996 586624 0884 482631

SECTION A: DETAILS OF THE CUSTOMER

Application for the supply of electricity to

Title eg Mr , Dr	First Name	Surname

Gender	National ID	Phone	WhatsApp No (if available)

Area of supply	Location or plot no	District

Postal Address	E-Mail Address (if applicable)

SECTION B: THE REQUIRED SERVICE AND COST ESTIMATE

Select Service required

Description of Service	Mark the Service required
New Service Connection	
Upgrading of the existing service	
Re-routing of existing power lines	
Temporary supply	
Temporary disconnection	

Additional Information (if any)

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SECTION D: STATE THE TYPE OF QUOTATION THAT YOU REQUIRE

Type of quotation	Description	Mark the Offer required
Firm quotation 1	Detailed offer from ESCOM for customer to pay if the service can be provided. <i>All the materials and works provided by ESCOM</i>	
Firm Quotation 2	Detailed offer with the option of the customer providing materials and carrying out the works using ESCOM prequalified contractors <i>All the materials and works provided by Customers based on ESCOM standards. Escom reserves the right to accept or deny this request depending on the scopes of works</i>	
Preliminary or Budgetary Quotation	Rough cost estimate for the works to allow the customer to plan or budget only. No payment can be made against the budgetary quotations without a request for a firm quotation	

SECTION D: STATE TYPE OF SUPPLY AND PREMISES

Select and tick the service required

Description (State if house , office , maize mill , factory etc.	State Type of Supply (Single phase or three phase)

SECTION E: DETAILED LOCATION OF THE PREMISES

1.0 Describe how we can locate your premises and also Provide sketch map

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1.1 Sketch Map below

1.2 GIS location (if available)

2.0 State if some premises in your area are already supplied with electricity and also if there is an existing transformer with 500 meters from your premises

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3.0 State if there are any major landmarks or features that can assist us to easily located your premise (eg opposite market, near bus deport etc)

SECTION F: ELECTRICITY APPLIANCES/ EQUIPMENT TO BE USED

Description of appliance or Equipment	Phase Type (1 PHASE or 3 PHASE)	No of Items	Rating for each item (KW)	Total Power Requirement (KW)
Lighting points				
Sockets				
Total power requirement for all equipment and appliances				

- Provide separate list for additional appliances / equipment

SECTION G: DETAILS OF ELECTRICAL CONTRACTOR

Name of the Electrical Contractor
Address
Registration Certificate no Validity
Phone no Email

SECTION H: DETAILS OF PERSON FILLING THIS FORM

Name
Address
State if you are the owner or a representative of the owner of the premise
National ID of the person filling this form
National ID of the Owner of the premises
Phone number for the owner of the premises
Signeddate
Phone noemail

OFFICIAL USE

APPLICATION RECEIVED BY
Date**Signed**
Checked by**Signed**
SPN issues to the customer
CLASSIFICATION OF AREA / URBAN / RURAL/ MAREP
CLASSIFICATION OF TARIFF
DATE SENT TO PLANNING