

APPLICATION FOR ELECTRICITY NETWORK SERVICES

OFFICE USE ONLY

SPN	

Application for Electricity Supply to

.....

SECTION 1: DETAILS OF THE CUSTOMER

Mr/Mrs /Ms. Dr / Pro	First Name	Middle Name	Last Name
Postal Address			
Company Name (If applicable)			
Gender Male / Female		National Identification No	
Mobile Phone no (s)	WhatsApp mobile phone No	Email	

SECTION 2: TYPE AND LOCATION OF SUPPLY

2.1) District	
2.2) State the area / Location and Plot no	
2.3) Describe the premises (eg House , maize mill, factory	
2.4) State the type of supply)	Single Phase / Three Phase
2.5) Is electricity supply available in your area	Yes /No
2.6) Is electricity supply provided to your neighbour(s)	Yes /No
2.7) Is there a transformer within 500 meters of your premise	Yes /No
2.8) Other requirements - sketch map or google map provided	Yes /No

SECTION 3: SELECT THE TYPE OF SERVICE REQUIRED

Code	Service Required	Select the Service required tick (✓)
S.1	New Service Connection	
S.2	Upgrading of the existing service	
S.3	Rerouting of the existing power lines	
S.4	Temporally supply	
S.5	Temporary disconnection	

SECTION 4: STATE THE TYPE OF QUOTATION REQUIRED

Type of quotation	Description	Select your type of quotation
Firm quotation 1	ESCOM carrying out all the works.	Yes / No
Firm Quotation 2	Customer providing materials and directly using ESCOM prequalified contractors	Yes / NO
Firm Quotation 2	ESCOM carrying out all the works under express service for single phase connection	Yes /NO

SECTION 5: ELECTRICITY APPLIANCES/ EQUIPMENT TO BE USED

Equipment / Appliance		Phase Type	KW Power for each item	Total Power Requirement	Remarks
No 1	Lighting points	Single / Three phase			
No 2	Sockets	Single / Three phase			
No 3	Electric Cookers	Single / Three phase			
No 4	Air Conditioners	Single / Three phase			
No 5	Electric Motors	Single / Three phase			
No 6	Water heaters/Geysers	Single / Three phase			
No 7		Single / Three phase			
NO 8		Single / Three phase			
NO 9		Single / Three phase			
No 10		Single / Three phase			

No 11		Single / Three phase			
Total Installed Power requirement					

SECTION G: DETAILS OF ELECTRICAL INSTALLER

Name of the Electrical Contractor

Address

Registration Certificate no Validity

Phone no Email

SECTION H: DETAILS OF PERSON FILLING THIS FORM

- ***By the person filling this form (owner or the owner's representative)***

Name

Address

State if you are acting on behalf of the owner Yes / No

Signeddate

Phone noemail

DIRECTIONS TO THE PREMISES

DRAW A SKETCH MAP BELOW SHOWING DIRECTION TO THE PREMISES OR ATTACHED GOOGLE MAP

