



ELECTRICITY SUPPLY CORPORATION OF MALAWI LIMITED

MAXIMUM DEMAND TARIFF CAPACITY DECLARATION FORM FOR THE YEAR 2016

CONTACT DETAILS					
Name of Company / Organization					
Physical Address					
Postal Address					
e-mail address					
Official Phone Numbers	/				
Person making this declaration					
Position / Title of the Person making this declaration					
ELECTRICITY ACCOUNT DETAILS					
Electricity Account no					
Nature of Business (Tick)	Irrigation / Water pumping	Manufacturing / Processing	Mining / Construction	Hospital	School
	Hospitality	Office Building	Agriculture	Retailing	Other (State)
Weekly operations (Tick)	Weekdays only	Weekdays plus Weekends		All days plus Holidays	
Your organization operates within these hrs (Tick)	6am to 12pm	6am to 9pm		24 hrs	
Years of operation under your company name (Tick)	1-5yrs	5 to 10 yrs		Over 10 yrs	
Highest Demand recorded	State the highest MD over the past 12 months				
	State the month in which the MD was recorded				
Nature of Operation (Tick)	Seasonal			Throughout the year	
What is the range of your power factor	>0.95	>0.90-0.95	>0.85-0.90	<0.85	N/A
MAXIMUM POWER REQUIREMENT FOR YEAR 2016 (DECLARATION)					
Maximum Amount of power declared in kVA	Previous declaration (2015)				
	Present declaration (2016)				
If the change in the amount of power declared is over 10% - give reasons					
FUTURE ELECTRICITY DEMAND FORECAST (JUST FOR INFORMATION)					
	Additional Power Requirement	Reasons			
Year 1					
Year 2					
Year 3					
Year 4					
Year 5					

I declare that the information provided above is correct and represents the official position of my organization

Signed

Date

Completed form must be emailed to mddeclaration@escom.mw or sent to Regional Offices for Customer Service.