



APPLICATION FOR POWER SUPPLY

APPLICANT INFORMATION		
Name and Surname:		
(If other than Applicant)		
Owner of Property:		
(If other than Applicant)		
Contact Person:		
Namibian ID No <u>OR</u> Passport No.		
Postal Address:		
Tel No:	Cell No:	Fax No:
E-Mail Address:		
Town / Village / Settlement:		
Erf Number:	Region:	

REQUIRED CAPACITY FOR THE SUPPLY (select ONE block only):

Type of Power User (mark your required capacity with an X)

- | | | |
|---|--|--|
| <input type="checkbox"/> Prepaid Meter
1 Phase | <input type="checkbox"/> Conventional Meter
1 Phase | <input type="checkbox"/> Maximum Demand Meter
3 Phase |
| <input type="checkbox"/> Prepaid Meter
3 Phase | <input type="checkbox"/> Conventional Meter
3 Phase | |

Signature:

Date:

FOR OFFICE USE ONLY:

Meter Number:	
Meter Reading:	
Circuit Breaker Size:	
Transformer Number:	
Line Number:	

Energised By:

Signature:

Date: