

Eastern Power

Distribution Company of A.P.Ltd

ఆంధ్రప్రదేశ్ తూర్పు ప్రాంత విద్యుత్ పంపిణీ సంస్థ

(An ISO 9001:2008 Certified Company)

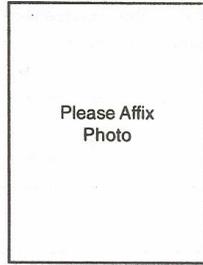
Application for supply of Electricity at **Low Tension** for

(* To be filled in by Applicant)

(Tick the Relevant box below)

Cat-I: Domestic <input type="checkbox"/>	Cat-VI: Street Lighting & PWS Schemes <input type="checkbox"/>	Cat - VII : General Purpose <input type="checkbox"/>	Cat-VIII : Temp.Supply <input type="checkbox"/>	
Type of Service	New Connection <input type="checkbox"/>	Addl. Load <input type="checkbox"/>	Category Change <input type="checkbox"/>	Title Transfer <input type="checkbox"/>

To
The Manager
Customer Service Centre



I/ We request you to supply electricity at Low Tension to my/our premises as mentioned below:

1. (a) Name of the applicant in whose name connection is required

First Name	Middle Name	Surname

(b) Father's Name/Husband's Name :

2. (a) Location of Premises where supply is required

House Number :	Street :
Village / Town :	Mandal :
District :	PIN Code :
Telephone/Cell Number :	e-Mail address :

(b) Nearest electric pole number:

(c) Service Wiring Details:

1) Type of Service Wiring.

Over Head Under Ground

2) Type of entry a) Enclosed in PVC Conduit

Yes No

b) G.I. Pipe

Yes No

3) Is the Pipe externally visible.

Yes No

(d) Is wiring in the premises completed: Yes No

The details are as follows (If Yes)

Name of the Licensed Electrical Contractor	License Number	Full Address

(e) Are any other services existing in the same premises: Yes No

If yes, Please give details below:

Service Connection Number: Category

(f) If any other services are existing elsewhere in the same name or in the names of sister concerns Yes No

If yes, Please give details below:

Service Connection Number:	Category	Location

3. (a) Nature of supply

(b) Contracted Load Requested: KW Phase 1- ϕ 3- ϕ

(c) For Addl. Loads: Existing Load KW Addl. Load Requested KW

4. (a) For Category Changes Existing Category Proposed Category

(b) For Title Transfers: Present Consumer's Name :

New Consumer's Name :

5. Status of Applicant:

Individual <input type="checkbox"/>	Registered Partnership <input type="checkbox"/>	Unregistered Partnership <input type="checkbox"/>	Public Limited Company <input type="checkbox"/>	Private Limited Company <input type="checkbox"/>
Any Other (Pl. Specify) <input type="text"/>				

6. Social Group: SC ST Other

7. Details of Application fee Paid:

Demand Draft for	Name of the Bank Drawn on	Demand Draft No.	Date
Rs.			

8. Undertaking :

i) I/We undertake and agree to pay the Tariff and Miscellaneous charges prescribed by the company and to abide by the General Terms and Conditions of Supply notified by the company from time to time, which shall govern the supply of electricity to me/us in all respects.

- ii) I/We shall undertake to execute an agreement in the prescribed form, if so called upon by the Company. Whether such an agreement is executed or not, this application itself shall oblige me/ us to confirm and abide by the General Terms and Conditions of Supply notified by the Company from time to time.
- iii) I/We certify that I have no dues to the Company either here or anywhere.
- iv) I/We certify that there is no case of Theft of Electricity / Unauthorized use of Electricity pending against me/ us.
- v) I/We undertake and agree for recovery from the excess paid amounts, if any against services found to be under disconnection or services with Unauthorised use of Electricity cases or Theft of Electricity cases found and also against services clubbed for being in the same premises.
- vi) I/we undertake to provide suitable arrangements for "way leave" at my/ our own cost.
- vii) I/We request the company to provide meter for measuring the electricity supplied to me/us. I/We will pay the monthly meter rentals, as may be fixed by the Commission from time to time.

	Applicant's :		Original Owner's (In case of title transfer)
Name			
Signature			
Place		Date	

Signed by the applicant in my presence:

Witness 1	Date:	Witness 2	Date:
Signature:		Signature:	
Name and Address:		Name and Address:	

9. Supporting documents enclosed For New Service Connections (Please tick where applicable):

Common to all LT categories	<input type="checkbox"/> Completed & signed application form along with the signed declaration in two copies. <input type="checkbox"/> Copy of proof of ownership (Sale deed, Allotment/possession letters, lease deed, Municipal tax payment receipt) or Proof of occupancy (Lease/ Rental deed with landlord, Electoral identity card or Passport or PAN card along with proof of ownership of landlord) <input type="checkbox"/> Indemnity Bond (Letter of consent from landlord to tenant/ lessee/occupier) <input type="checkbox"/> Wiring Completion Report (from a licensed Electrical Contractor) <input type="checkbox"/> Test Report in two copies <input type="checkbox"/> Demand Draft for new connection charges
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Additional documents provided

SC or ST	<input type="checkbox"/> Necessary community certificate
Partnership	<input type="checkbox"/> Location, head office, names and addresses of partners, copy of partnership deed
Company	<input type="checkbox"/> Names of the present directors and copy of Memorandum of Articles of Association <input type="checkbox"/> Indemnity bond and declaration

For Additional Loads & Category Change

For All LT Categories	<input type="checkbox"/> Completed & signed Application form along with the Signed Declaration in two copies
	<input type="checkbox"/> Wiring Completion Report (From a licensed electrical contractor) (For additional loads only)
	<input type="checkbox"/> Copy of Latest Electricity Bill with payment receipt
	<input type="checkbox"/> Test Report in two copies
	<input type="checkbox"/> Demand Draft for requisite charges

For Title Transfer

For All LT Categories	<input type="checkbox"/> Completed & signed Application Form along with the Signed Declaration in two copies
	<input type="checkbox"/> Test Report in two copies
	<input type="checkbox"/> Transfer Application Form
	<input type="checkbox"/> Copy of Latest Electricity Bill with payment receipt
	<input type="checkbox"/> Copy of proof of ownership (as mentioned above)
	<input type="checkbox"/> Indemnity Bond

(* To be filled in by CSC)

Name of Section :	<input type="text"/>	Registration No :	<input type="text"/>
Name of Sub Division :	<input type="text"/>	Date of Registration :	<input type="text"/>
Name of ERO :	<input type="text"/>	Location code :	<input type="text"/>