



CUSTOMER APPLICATION FORM

Doc Number:
CS.14400.FORM.02689
Version: 1
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CUSTOMER INFORMATION

Company/Organization Name (If applicant is not an individual):		Name of Owner or Authorized representative for the Organization:	
Surname (if applicant is an individual):		Forenames:	Title: MR / MRS / MS /MISS (Please circle)
Gender: Male <input type="checkbox"/> Female: <input type="checkbox"/>		TPIN NO.:	
Identity No.:		Type:	NRC: <input type="checkbox"/> Passport: <input type="checkbox"/> Country of issue:
		Drivers Licence: <input type="checkbox"/> BRN: <input type="checkbox"/>	
Town:	Township/Compound:	Street Name:	Plot No. /House No:
Postal Address:			
Home Phone:	Business Phone:	Cell Phone No.	Alternative Cell Phone No.:
E-mail Address for bill delivery:			
Alternative E-mail Address:			

PREMISES AND SUPPLY INFORMATION PART 1

Town:	Township/Compound:	No. of metering points required (If clustered): <input type="checkbox"/>
Plot No:	Street Name:	

WORK DETAILS

Type of Work	Description of Premises	Supply Details
New Installation <input type="checkbox"/>	Residential Premises <input type="checkbox"/>	Voltage:
Additional Connection (extra connection) <input type="checkbox"/>	Agricultural Premises <input type="checkbox"/>	Single Phase Overhead Connection <input type="checkbox"/>
Upgrade (extra load on existing account) <input type="checkbox"/>	Commercial Premises <input type="checkbox"/>	Single Phase Underground Connection <input type="checkbox"/>
Meter Separation (Requires Meter only on existing account) <input type="checkbox"/>	Religious Premises <input type="checkbox"/>	Three Phase Overhead Connection <input type="checkbox"/>
Builder's supply <input type="checkbox"/>	Industrial Premises <input type="checkbox"/>	Three Phase Underground Connection <input type="checkbox"/>
Temporary supply <input type="checkbox"/>	Other (Specify)	
Re-routing <input type="checkbox"/>		
Meter repositioning <input type="checkbox"/>		
Re-chargeable works (Works after Customer's bulk meter) <input type="checkbox"/>		
Other (specify):		

I/WE HEREBY AGREE TO OBSERVE AND BE BOUND BY THE CONDITIONS OF ZESCO LIMITED ISSUED TO ME/US AND IN THE GOVERNING LEGISLATION AND BY THE REGULATIONS AND TARIFFS IN FORCE AND ANY AMENDMENTS THERE TO IN ALL MATTERS AFFECTING THE SUPPLY OF ELECTRICITY AND ANY ELECTRICAL INSTALLATION ON THE PREMISES OCCUPIED BY ME/US.

DATE: _____ CUSTOMER SIGNATURE: _____



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SUPPLY ENQUIRY AND NOTICE OF COMMENCEMENT

Part 1 and 2: To be completed by a qualified electrical personnel

Dear Sir,

I/We the undersigned, acting on my/our capacity as Electrical Contractor/s and Agent/s for the Owner/Developer of the under mentioned hereby give notice of my/our intention to put in hand such works as are specified in part 1 and 2 of this notice.

Please forward to me/us details of such connection fees as may be required by you

Name of electrical personnel or Company: _____ Signed: _____

Address: _____ Cell No: _____

EIZ No: _____

On behalf of (Applicant name): _____

Date: _____

PART 2

(A) DETAILS OF PROPOSED LOAD

1) Proposed new load to be connected

Please state the amount of power required (Maximum Demand)kVA,

Please state amount of power required after diversity (ADMD)kVA.

NOTE: For Domestic, Commercial and Ordinary Social, the power requirement shall not exceed 15kVA, otherwise the applicant shall be placed in the appropriate maximum demand category.

For ZESCO use only

CMS WORK REQUEST NO.

PREMISE ID

FINANCIAL ACCOUNT

WORK REQUEST DEFINED BY

SITE VISITED BY

SCOPE OF WORKS