



ELECTRICITY SUPPLY CORPORATION OF MALAWI (ESCOM) LTD

APPLICATION FORM FOR A NEW SERVICE

Ref. No: _____

PERSONAL DETAILS OF THE APPLICANT

Surname (Mr./Mrs./Ms./Dr./Prof./Rev./Hon.) _____

Other Names _____

Postal Address _____

Telephone No. _____ Fax No. _____ Email Address _____

Occupation _____

Application for Electricity

Supply to: Dwelling House Maize Mill Office School Hospital/Clinic
 Bakery Other(Specify) _____

LOCATION OF THE PREMISES

District where the premises are located (e.g. Blantyre, Lilongwe, Mzimba) _____

Area where the premises are situated in district (e.g. Ndirande, Kawale, Zolozolo) _____

Physical Address (plot number/area)
(Draw a sketch map on space provided next page) _____

Mark the type of electricity to be supplied Single Phase Three Phase Upgrade single to three phase
Mark the nature of the premises to be supplied Old/Existing Newly Built Renovated

ELECTRICITY APPLIANCES / EQUIPMENT TO BE USED

Electrical Appliances	Number	Estimated Power
Lighting Points	<input type="text"/>	<input type="text"/> Kw/Hp
Socket Outlets	<input type="text"/>	<input type="text"/> Kw/Hp
Water Heaters / Geysers	<input type="text"/>	<input type="text"/> Kw/Hp
Cookers	<input type="text"/>	<input type="text"/> Kw/Hp
Single-Phase Motors	<input type="text"/>	<input type="text"/> Kw/Hp
Three-Phase Motors	<input type="text"/>	<input type="text"/> Kw/Hp
Others (Specify)	<input type="text"/>	<input type="text"/> Kw/Hp
Total estimated power	<input type="text"/>	KW/HP

DETAILS OF PERSON FILLING THIS FORM

Name of person filling this form _____

You are filling this form in your capacity as Owner of the premises An Employee to the owner of the premises A relation to the owner of the premises
(Mark your choice)

Date

Your Signature _____



DRAW A SKETCH MAP BELOW SHOWING DIRECTIONS TO THE PREMISES

FOR OFFICIAL USE ONLY

DETAILS (PLANNING)

	By	Title	Date	Signature
Application sent to Planning	_____	_____	<input type="text"/>	_____
Application received from CS	_____	_____	<input type="text"/>	_____
Application sent for survey	_____	_____	<input type="text"/>	_____

INVESTIGATION DETAILS / PLANNING

Existing S/S Name & No (If Applicable)	Distance from S/S to premises (m)	Proposed HV distance to S/S (If required) (m)	Existing HV distance to S/S (m)	MV/LV tapping point to premises (m)	Red phase (A)	Yellow phase (A)	Blue phase (A)	Red phase (V)	Yellow phase (V)	Blue phase (V)	Time Loads taken

By

Title

Date

Data Collected	_____	_____	<input type="text"/>
Data Checked	_____	_____	<input type="text"/>

Remarks

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By

Title

Date

Signature

Received from Survey	_____	_____	<input type="text"/>	_____
Costed	_____	_____	<input type="text"/>	_____
Logged	_____	_____	<input type="text"/>	_____
Sent to customer Service	_____	_____	<input type="text"/>	_____

CUSTOMER SERVICE

By

Title

Date

Signature

Days Taken

Received at Customer Service	_____	_____	<input type="text"/>	_____	<input type="text"/>
Quotation Prepared	_____	_____	<input type="text"/>	_____	<input type="text"/>
Quotation Sent	_____	_____	<input type="text"/>	_____	<input type="text"/>

PAYMENT DETAILS:

Total Quoted	Amount Paid	Receipt Number	Date Paid	Balance	MX Details	Prepared By	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	_____

Comments and basis of quoting customers:

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Contract forms received Date: Received By: _____

For Namagetsi Only Prepared By: _____ Checked By: _____ Date Sent: Signature: _____

Sent for Construction _____ _____

INSTRUCTIONS TO CONSTRUCT:

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ELECTRICITY SUPPLY CORPORATION OF MALAWI (ESCOM) LTD

FOR OFFICIAL USE - DESIGN / INVESTIGATION LAYOUT INDICATING FULL MEASUREMENTS

DESCRIPTION OF ACTUAL WORK DONE

Work Carried Out By _____ Designation _____ Signature _____ Date

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Checked & Sent To Cs By _____ Designation _____ Signature _____ Date

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Received in CS By _____ Designation _____ Signature _____ Date

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Inspected & Sealed On By _____ Designation _____ Signature _____ Date

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Seal On form Sent to REV. By _____ Designation _____ Signature _____ Date

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