



## APPLICATION FOR ELECTRICAL SERVICE CONNECTION

### Service Requirement:

|                             |  |                 |  |           |  |                      |  |                         |  |              |
|-----------------------------|--|-----------------|--|-----------|--|----------------------|--|-------------------------|--|--------------|
| New Service Connection      |  | Upgrade         |  | Downgrade |  | Temporary Connection |  | Temporary Disconnection |  | Second Meter |
| Conversion to Prepaid Meter |  | New Development |  | Other     |  | Specify:             |  |                         |  |              |

|            |  |            |  |          |  |           |  |       |  |         |
|------------|--|------------|--|----------|--|-----------|--|-------|--|---------|
| Commercial |  | Industrial |  | Domestic |  | Temporary |  | Other |  | Specify |
|------------|--|------------|--|----------|--|-----------|--|-------|--|---------|

Name of Owner: .....Contact No: .....

ID Number: .....

Email Address: .....

Street Address: .....

Name of Business if applicable.....

### Please provide the documents below:

|   |     |    |                                 |     |    |
|---|-----|----|---------------------------------|-----|----|
| Proof of ownership of property attached | Yes | No | Identity Document Copy attached | Yes | No |
|---|-----|----|---------------------------------|-----|----|

### Existing metering details:

|               |  |              |  |               |  |              |
|---------------|--|--------------|--|---------------|--|--------------|
| Credit Meter  |  | Single Phase |  | LV Bulk Meter |  | Meter Number |
| Prepaid Meter |  | Three Phase  |  | MV Bulk Meter |  | .....        |

Signature..... Date.....

### Time frames for: Electrical service connection

|   | Quotation to Customers from date of call out receipt | Providing Supply from date of receipt of payment                   |
|---|--|--|
| 1 | 10 working days if there is existing infrastructure  | 1 within 30 working days where existing infrastructure can be used |
| 2 | 1 month where LV network extension is required       | 2 months where LV network extension is required                    |
| 3 | 1 month where MV network extension is required       | 3 months where MV network extension is required                    |

**To be completed by Electrical Contractor**

Electrical Contractor/Consultant.....Contact No: .....

Reg. Certificate No.....Signature..... Date.....

**Fill in the capacity applied for**

| Type of Service Connection      | Amperage or kVA Rating |     |
|---------------------------------|------------------------|-----|
| Single Phase Service Connection |                        |     |
| Three Phase Service Connection  |                        |     |
| Temporary Service Connection    |                        |     |
| Upgrade of Service Connection   | From:                  | To: |
| Downgrade of Service Connection | From:                  | To: |
| Bulk LV Metering                |                        |     |
| Bulk MV Metering                |                        |     |

**For office use: Electricity**

|  |     |  |    |  |
|--|-----|--|----|--|
| Supply agreement form completed        | Yes |  | No |  |
| Electrical network available           | Yes |  | No |  |
| Electrical network capacity sufficient | Yes |  | No |  |

|                        |                       |          |                 |                       |   |
|------------------------|-----------------------|----------|-----------------|-----------------------|---|
| Connection Fee         | <i>Applicable</i>     | R        | Transformer Fee | <i>Applicable</i>     | R |
|                        | <i>Not Applicable</i> |          |                 | <i>Not Applicable</i> |   |
| Augmentation Fee       | <i>Applicable</i>     | R        | Labour Fee      | <i>Applicable</i>     | R |
|                        | <i>Not Applicable</i> |          |                 | <i>Not Applicable</i> |   |
| Meter and Keypad Fee   | <i>Applicable</i>     | R        | Downgrade Fee   | <i>Applicable</i>     | R |
|                        | <i>Not Applicable</i> |          |                 | <i>Not Applicable</i> |   |
| Other                  | Specify:              | R        |                 |                       |   |
| <b>Total Incl. VAT</b> |                       | <b>R</b> |                 |                       |   |

Prepared by: ..... Date: .....Signature.....

Approved by: ..... Date: ..... Signature.....  
 Michael J Rhode (Manager: Electrical and Energy Division)