

**ELECTRICITY AND ENERGY BUSINESS UNIT**

Erf No

**Enquiries:** Northern Region (Despatch & Uitenhage) (041) 994 -1268  
Southern Region (PE & surrounding areas) (041) 392 - 4162

Register No

- DOMESTIC
- APPLICATION FOR INSTALLATION / ALTERATION OF SERVICE CABLE
- BUSINESS

*Machinery and Occupational Safety Act, 1983 Regulation 6(1) of the Electrical Installation Regulations, 1992*

**PLEASE COMPLETE ALL DETAILS**

Name of Electrical Contractor / Accredited Person \_\_\_\_\_  
*Block Letters*

Contractor's / Accredited Person's Postal Address \_\_\_\_\_

Contractor's Registration No. / Accredited Person's Certificate No. \_\_\_\_\_

Telephone Number (s) \_\_\_\_\_  
*Business Home*

Contractor's/Accredited Person's Signature

Name of Signatory (Block Letters)

I hereby advise that the Electrical Installation work will commence at:

Erf No : \_\_\_\_\_

Address : \_\_\_\_\_

Name of Building : \_\_\_\_\_

Floor (Ground; 1<sup>st</sup>; etc.): \_\_\_\_\_

Class of Premises :  Domestic  Business

Name of Person responsible for the fees \_\_\_\_\_

Postal Address \_\_\_\_\_

E-Mail Address : \_\_\_\_\_

Fax Number : \_\_\_\_\_

Telephone No : \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

|                           |                   |   |   |
|---------------------------|-------------------|---|---|
| DATE FORMS RECEIVED _____ | ADDITIONAL METERS | R | C |
| DATE PAID _____           | LABOUR            | R | C |
| RECEIPT NUMBER _____      | CABLE             | R | C |
| VOTE NUMBER _____         | MATERIAL          | R | C |
|                           | VAT               | R | C |
|                           | TOTAL             | R | C |

NOTES : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

**NOTE** For all farms and rural holdings, a full description as per title deeds is required as well as the owner's name, pole number, postal address and telephone number. (If additional space is required, kindly use blocks provided on reverse side)

Account To: \_\_\_\_\_

Date : \_\_\_\_\_

Receipt No : \_\_\_\_\_

Date : \_\_\_\_\_

|                         |                                     |                                       |  |
|-------------------------|-------------------------------------|---------------------------------------|--|
| PLEASE MARK WITH        | <input checked="" type="checkbox"/> | ALL APPLICABLE WORK TO BE CARRIED OUT | * FOR EXPLANATORY NOTES SEE OVERLEAF             |
| NEW INSTALLATION        | <input type="checkbox"/>            | REPOSITION METER/S                    | OVERHEAD TO UNDERGROUND <input type="checkbox"/> |
| INCREASE IN SUPPLY      | <input type="checkbox"/>            | CONVERSIONS                           | REPOSITION CABLE <input type="checkbox"/>        |
| ADDITIONS / ALTERATIONS | <input type="checkbox"/>            | BUSINESS SITE INSPECTION              | STREETLIGHT <input type="checkbox"/>             |
| READIBOARD              | <input type="checkbox"/>            | CREDIT METER                          | PREPAID <input type="checkbox"/>                 |

**VOLTAGE AREA \***

SINGLE PHASE  VOLTS

THREE PHASE  VOLTS

**FORM OF SUPPLY REQUIRED**

SINGLE PHASE TWO WIRE

SINGLE PHASE THREE WIRE

THREE PHASE THREE WIRE

THREE PHASE FOUR WIRE

**RATING OF SERVICE CABLE REQUIRED : \***

..... AMPS PER PHASE

**ESTIMATED MAXIMUM DEMAND : \***

.....kVA

**\*NOTE :** 1) If in doubt as to the voltage available in a specific area; and  
 2) For all supplies where the load is estimated at above 80 amps per phase / 50kVA, and all M.V/ H.V supplies; kindly consult the Customer's Section.

**DATE OF COMMENCEMENT OF INSTALLATION WORK**  
 (New Services only)

**DATE BY WHICH THE SUPPLY WILL BE REQUIRED (MINIMUM 21 DAYS NOTICE)**

**WILL METER ROOM BE PROVIDED**

YES  NO

**NUMBER OF CONSUMERS TO BE SEPARATELY METERED**

SINGLE PHASE  THREE PHASE

**NATURE OF PROTECTION AT CONSUMER'S MAIN DISTRIBUTION BOARD**

ISOLATOR  CIRCUIT BREAKER  CIRCUIT BREAKER PLUS EATH FAULT PROTECTION

OTHER : PLEASE SPECIFY \_\_\_\_\_

**RATING OF THE ABOVE NAMED PROTECTION AT CONSUMER'S MAIN DISTRIBUTION BOARD**

..... AMPS

**SIZE OF CONSUMER'S MAIN CONDUCTORS**

..... MM<sup>2</sup>

WAS A PLAN SUBMITTED TO THE BUILDING INSPECTOR FOR THE CONSTRUCTION WORK? YES  NO

**DECLARATION BY OWNER OR OWNER'S AGENT**  
 (only required for a new service/conversions / meter changes)

1 / We \_\_\_\_\_  
 Being the owner/owners's agent of the above premises, do hereby signify my/our permission and consent to the making of the service connection as applied for on the said premises for the purposes of an electricity supply.

I/We agree to abide by the Electricity Supply by-law of the Nelson Mandela Metropolitan Municipality – Electricity and Energy Business Unit.

Owner's or Owner's Agent's signature : \_\_\_\_\_ Name (Block Letters) \_\_\_\_\_

Address : \_\_\_\_\_

Date : \_\_\_\_\_ ID No : \_\_\_\_\_  
 (Copy to be attached to documentation if not available on Treasury Billing system)

**NOTE :** The installation of the Council's Service Main will not be commenced until all fees and charges have been paid. A letter from the registered owner may be requested.

**DETAILS OF PROPOSED INSTALLATION (To be completed by Contractor / Accredited Persons)**

**FOR OFFICE USE ONLY**

ID DOCUMENT  LETTER OF AUTHORITY  TITLE DEEDS / COUNCILLOR' LETTER  READIBOARD