

## UTILITY SERVICES DEPARTMENT ELECTRICITY PLANNING AND DEVELOPMENT DIVISION

## APPLICATION FORM FOR NON-STANDARD ELECTRICITY CONNECTION "(E96 FORM)"

Deliver the completed Form by hand to New Connections Offices or send by email to NewElectricityConnections@tshwane.gov.za

Please complete this Form as legibly as possible

The applicant do hereby advise that electrical installation work for this application will take place at the property with details provided below:

## 1. PARTICULARS OF APPLICANT:

Authority of Applicant (if the person submitting the Application is not the owner, the following must accompany the application)

- Certified ID Copy of the Owner
- · Consent Letter signed by the owner confirming delegated person (Full names and ID number of the delegated person must be indicated).

(MARK WITH AN "X")

OWNER	TENANT	CON	TRACTOR		CONSU	JLTANT	OTHER	(SPECIFY)	
FULL NAMES									
SURNAME			ID NUMBER						
TEL. NO.		EMAIL ADDRESS							
CELL NO.		PREFERRED CONTACT	METHOD	TEL. NO	D.	EMAILS		CELL. NO.	
PHYSICAL ADDRESS	<b>1</b>					<u> </u>			
							POSTAL CO	DDE	
2. PARTICULARS OF PROP	ERTY:								
SUBURB / FARM					ERF/POR	TION / PLOT			
STREET ADDRESS/ ELECTRICITY POLE NO.									
B. PURPOSE / USE OF ELEC	CTRICITY SUPPLY (MARK V	VITH AN "X")							
MAIN RESIDENTIAL	2 <sup>ND</sup>	COMPLEX	BUSINE	BUSINESS		INDUSTRIAL		OTHER:	
DWELLING	DWELLING	/ FLATS						(SPECIFY)	
NEW ELECTRICITY SUPPLY	UPGRADING OF EXISTING SUPPLY	REPOSITION POINT SUPPLY		/IPORARY ERS SUPPL	DOWNGRADE Y EXISITING SUPP			OTHER: (SPECIFY)	
,			INGLE PHASE	THREE PHASE	AN	AMPS (CIRCUIT BREAKER) OR SPECIFY KVA SIZE FOR HT CONNECTION			
NEW / UPGRADE / DOW	CONVENTION	INVENTIONAL METER		PRE-PAID METER					
WITH AN "X" NEXT TO RE MUNICIPAL ACCOUNT MU	SINGLE PHAS	_E PHASE		THREE PHASE		EE PHASE			
MONION ALACCOCKT MIC	AMPS (CIRCUIT BREAKER) OR SPECIFY KVA SIZE FOR HT CONNECTION								
EXISTING MUNICIPAL ACC	OUNT NUMBER:								
DATE WHEN SUPPLY IS REC									
2. All correspondence	CATION FOR SUPPLY OF EL plication Form will not be o es regarding the application oust comply with all conditi	considered and shall be communicated	ted to the appli	cant only.					
SIGNATURE OF APPLICA	ANT:		<del></del>				DATE:		
	s of Electricity New Conne	ctions Offices where t	he completed A	pplication					
Region 1 and 2		Region 3, 5, 6 and 7							

below are the dudresses of Electricity New Conflictions offices where the completed Application Form can be handed						
Region 1 and 2	Region 4	Region 3, 5, 6 and 7				
Pretoria North, Orchards, Chantel, Soshanguve, Montana,	Centurion and Surrounding areas	Pretoria Central, Atteridgeville, Gezina, Groenkloof,				
Wonderboom & Surrounding areas	Cnr Basden & Rabie Str	Pretoria East, Mamelodi, Cullinan, Bronkhorspruit				
Rosslyn Electricity Depot	Office Number ???????	285 Francis Baard Str, Room 426				
Cnr Van Niekerk & Doreen	Phone: 012 358 3859	Office Number ???????				
Office Number ???????? : Phone: 012 358 9394		Phone:012 358 4271				

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OFFICIAL USE ONLY:	Application Ref No:	Assigned Technician:	Date Received:	Signature.	