



TEL +264 (64) 214 600 FAX +264 (64) 214 601 EMAIL info@erongored.com.na
ERONGO RED BUILDING REG NO 2004/074 91 HAGE GEINGOB STREET P O BOX 2925 WALVIS BAY NAMIBIA

APPLICATION FOR THE SUPPLY OF TEMPORARY ELECTRICITY CONNECTION OR CABLE CONNECTION

New Account Number	Shop / Flat Number	Unit Number										
* Surname of Applicant	* Street Address (To be connected)											
* First Name and Initials of Applicant	Building / Flat Name											
* Identity Number (Proof attached)	Telephone Numbers											
* Initials and Identity Number of Spouse	* Home											
* Postal Address	Work											
	* Mobile											
	* Connection Date											
Previous Address	* Size of Connection Required											
	<table border="1"><tr><td>Single Phase Max</td><td>20 Amp</td></tr><tr><td>Three Phase</td><td>30 Amp</td></tr><tr><td></td><td>40 Amp</td></tr><tr><td></td><td>50 Amp</td></tr><tr><td></td><td>60 Amp</td></tr></table>		Single Phase Max	20 Amp	Three Phase	30 Amp		40 Amp		50 Amp		60 Amp
Single Phase Max	20 Amp											
Three Phase	30 Amp											
	40 Amp											
	50 Amp											
	60 Amp											
Name and Address of Employer	<table border="1"><tr><td>Three Phase</td><td>25 Amp</td></tr><tr><td></td><td>40 Amp</td></tr><tr><td></td><td>60 Amp</td></tr><tr><td></td><td>80 Amp</td></tr></table>		Three Phase	25 Amp		40 Amp		60 Amp		80 Amp		
Three Phase	25 Amp											
	40 Amp											
	60 Amp											
	80 Amp											
	<input type="checkbox"/> Bulk (tick appropriate unit)	<input type="checkbox"/> Amps <input type="checkbox"/> kVA										
* Name and Address of Owner	* Connection Required for (tick applicable)											
	<input type="checkbox"/> Domestic	<input type="checkbox"/> Business										
	Are you the owner? (tick applicable)											
	<input type="checkbox"/> Yes	<input type="checkbox"/> No										

Consent of Owner(s)

I/We have no objection for the services on this application to be supplied on above address

Signature: Owner/s

Date

* **Purpose for the temporary cable connection*** (Please indicate)

- a. Building Construction
- b. Fete, Basaar, Show, Expo
- c. Other (Please describe purpose of connection)

* Please note that a temporary cable connection for building is only for that purpose, and a certificate will be required before any new building is to be occupied. If it is found that a building is being occupied without such an occupation certificate, the electricity supply may be disconnected without prior notice.

General information

1. Accounts are mailed during the third week of each month. If an account is not received before the due date of payment it is the responsibility of the account holder to obtain a copy of the current account received.
 2. Accounts must be settled on or before the due date; failing of which will result in the supply of electricity being terminated without prior notice.
 3. The service will only be restored upon payment of the reconnection fees, as well as an additional security deposit.
 4. Upon vacating the premises the account holder remains liable for account rendered, until such time that notice for the disconnection of services is received (forms are available at the enquiries counter).
-
-

1. I, the applicant understand and accept the conditions of agreement. I undertake to pay interest on all arrears calculated on a monthly basis on the total outstanding amount on the due date of payment at a rate of prime plus 2% p.a. In the event that the Erongo RED should incur any cost due to the non payment, these will also be for the account the applicant. I declare that the information provided by me is correct.
2. I, the applicant, hereby bind myself as surety and co-principal debtor in solidium with the applicant in favour of the supplier in respect of any amount that may now or in the future be due and owing by the applicant to the supplier. In respect of any cause arising out of this document, I hereby renounce the benefits of excursion and division and choose as my domicilium citandi et executandi for the purpose of this surety ship my address as set out in this document.

* Signature: Applicant

Date

Signature: Witness

Date

FOR OFFICE USE ONLY

Meter Number

Reading

Present Account Number

Credit Control Approval

Erf Number

Signature

Date

Deposit

Route

Sequence

Connection Fees

Guarantee Detail

Total Paid

Receipt Number

Checklist Final Update (tick when completed)

Date	Address Confirmed	CDP Cleared	Levies Updated	Final Readings Posted	Signature
------	----------------------	----------------	-------------------	-----------------------------	-----------

Prepared by

Date

Controlled by

Date