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 ERONGO RED BUILDING REG NO 2004/074 91 HAGE GEINGOB STREET P O BOX 2925 WALVIS BAY NAMIBIA

APPLICATION FOR CIRCUIT BREAKER CHANGE

Stand / Erf Detail

* Stand / Erf no.

Shop / Flat Number

Unit Number

* Street Address (To be connected)

Building / Flat Name

* Town / Ward

Master Acc no. (Group Acc)

Account No.

* Are you the? (tick applicable)

Owner

Tenant

Connection Detail

* Connection Required for (tick applicable)

Domestic	<input type="checkbox"/>
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Business	<input type="checkbox"/>
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Other	<input type="checkbox"/>
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Bulk (tick appropriate unit)	Amps	<input type="checkbox"/>	kVA	<input type="checkbox"/>
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* Size of Current Connection

Single Phase Max	20 Amp	<input type="checkbox"/>
	30 Amp	<input type="checkbox"/>
	40 Amp	<input type="checkbox"/>
	50 Amp	<input type="checkbox"/>
	60 Amp	<input type="checkbox"/>

Three Phase	25 Amp	<input type="checkbox"/>
	40 Amp	<input type="checkbox"/>
	60 Amp	<input type="checkbox"/>
	70 Amp	<input type="checkbox"/>
	80 Amp	<input type="checkbox"/>

Rural (Farm)	Up to 25 Amp	<input type="checkbox"/>
	50 Amp	<input type="checkbox"/>
	75 Amp	<input type="checkbox"/>
	kVA	<input type="checkbox"/>
	kW	<input type="checkbox"/>

Required Connection

* Connection Date

* **Size of Connection Required**

Single Phase Max	20 Amp	<input type="checkbox"/>
	30 Amp	<input type="checkbox"/>
	40 Amp	<input type="checkbox"/>
	50 Amp	<input type="checkbox"/>
	60 Amp	<input type="checkbox"/>

* **Connection Required for** (tick applicable)

Domestic	<input type="checkbox"/>	Business	<input type="checkbox"/>
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Other	<input type="checkbox"/>
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Three Phase	25 Amp	<input type="checkbox"/>
	40 Amp	<input type="checkbox"/>
	60 Amp	<input type="checkbox"/>
	70 Amp	<input type="checkbox"/>
	80 Amp	<input type="checkbox"/>

Rural (Farm)	Up to 25 Amp	<input type="checkbox"/>
	50 Amp	<input type="checkbox"/>
	75 Amp	<input type="checkbox"/>
	kVA	<input type="checkbox"/>
	kW	<input type="checkbox"/>

Bulk (tick appropriate unit)	Amps	<input type="checkbox"/>	kVA	<input type="checkbox"/>
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Application detail

* Title (Mr, Mrs, Miss, Dr, Messers)

* Name and Surname

Name of Business

* Identity Number / Passport no.

Maiden name

* Nationality

Telephone Numbers

*Home

* Mobile

Email

Fax

Payment method

Cash Debit Order EFT

Vehicle Reg. no.

Company Reg. no.

* VAT no. (Mandatory if Business)

* Postal Address

Street Address

* Previous Residential Address

* Occupation

Employer Name

Employee Number

Telephone Code & Tel. no.

Declaration by Owner/Tenant

Owner	
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Tenant	
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A. I, the undersigned, and owner/s of this property understand and accept the conditions of this agreement. I undertake to pay the full balance and interest on all arrears calculated monthly at a rate of prime plus 2% p.a., should the tenant/occupant applying for this and any other service fail to uphold their agreement with Erongo RED. In the event that Erongo RED should incur costs to recover any arrear amounts from the tenant/occupant or me, I undertake to be responsible for such costs. I declare that the information provided by me is correct, and that I do not object having the service, applied for in this application, supplied to the mentioned address. I further confirm that I took note of the General Conditions as set out in this Application.

B. I, the undersigned, 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

.....
*Date

Consent of Owner/s

A. I, the undersigned, and owner/s of this property understand and accept the conditions of this agreement. I undertake to pay the full balance and interest on all arrears calculated monthly at a rate of prime plus 2% p.a., should the tenant/occupant applying for this and any other service fail to uphold their agreement with Erongo RED. In the event that Erongo RED should incur costs to recover any arrear amounts from the tenant/occupant or me, I undertake to be responsible for such costs. I declare that the information provided by me is correct, and that I do not object having the service, applied for in this application, supplied to the mentioned address. I further confirm that I took note of the General Conditions as set out in this Application.

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* Name

* Signature

* Name

* Witness

* Date

* Date

ATTACHMENTS / SUPPORTING DOCUMENTS REQUIRED:

- I.D Copy of Owner / Applicant.
- If an Agent is applying on behalf of the owner, the Agency Stamp must be on the application as well as the Agent's Power of Attorney (consent letter) from the Owner must be attached, as well as an I.D copy of the Agent.
- Application forms must at all times be duly completed and signed.
- All applications that carry a cost, must be paid for in full.

FOR OFFICE USE ONLY

Customer Care

Checklist Final Update (Tick when completed)

<input type="checkbox"/> Meter number	<input type="checkbox"/> Ampere	<input type="checkbox"/> Readings	Confirmation ErongoRED (Sign)
_____	_____	_____	_____

.....
Prepared by	Date	Checked by	Date

* *Compulsary fields, must be completed*