



Erongo Regional Electricity Distributor Company (Pty) Ltd
 Reg. No 2004/074 Telephone: +264 (64) 201 9000
 P O Box 2925 Facsimile: +264 (64) 201 9001
 Walvis Bay support@erongored.com.na
 Namibia www.erongored.com

APPLICATION FOR A CABLE JOINT

Surname of Applicant

Are you the owner?

Yes		No	
-----	--	----	--

First name and Initials

Building /Flat Name

Identity Number (Proof Attached)

Telephone Numbers

<input type="text"/>	(Home)
<input type="text"/>	(Work)
<input type="text"/>	(Cell)
<input type="text"/>	(E-mail)

Spouse / Reference Name

Physical Address (where job is to be executed)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Postal Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Name and Address of Owner

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Size of Connection Required

Single Phase	20AMP	
Single Phase	30AMP	
Single Phase	40AMP	
Single Phase	50AMP	
Single Phase	60AMP	
Three Phase	25AMP	
Three Phase	40AMP	
Three Phase	50AMP	
Three Phase	60AMP	
Three Phase	70AMP	
Three Phase	80AMP	
Bulk (Tick appropriate unit)	KVA	
	AMPS	

Connection Required for:	Domestic	<input type="checkbox"/>
	Business	<input type="checkbox"/>

Consent of Owner(s)

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

.....
Signature: Owner/s or Applicant

.....
Date

FOR OFFICE USE ONLY

AMOUNT PAID

RECEIPT NO:

Erf No.	<input type="text"/>
----------------	----------------------

<input type="text"/>	<input type="text"/>
----------------------	----------------------

.....
Prepared By

.....
Date

.....
Controlled By

.....
Date