



ELECTRICITY SUPPLY CORPORATION OF MALAWI LIMITED

MAXIMUM DEMAND TARIFF CAPACITY DECLARATION FORM

CONTACT DETAILS				
Name of Company / Organization				
Physical Address				
Postal Address				
e-mail address				
Official Phone Numbers		/		
Person making this declaration				
Position / Title of the Person making this declaration				
ELECTRICITY ACCOUNT DETAILS				
Electricity Account no				
Nature of Business				
Weekly operations (Tick)	Weekdays only	Weekdays plus Saturdays	Weekdays plus Saturday & Sundays	All days plus Holidays
Your organization operates within these hrs (Tick)	6am to 5pm	6am to 10pm	24 hrs	
Years of operation under your company name (Tick)	1-2 years	3 to 5 yrs	5 to 10 yrs	Over 10 yrs
Highest Demand recorded	State the highest MD over the past 12 months			
	State the month in which the MD was recorded			
Nature of Operation (tick)	Seasonal		throughout the year	
MAXIMUM POWER REQUIREMENT FOR YEAR 2010 (DECLARATION)				
Maximum Amount of power declared in kVA				
If the change in the amount of power is over 20% - give reasons				
FUTURE ELECTRICITY DEMAND FORECAST (JUST FOR INFORMATION)				
	Additional Power Requirement	Reasons		
Year 1				
Year 2				
Year 3				
Year 4				
Year 5				

I declare that the information provided above is correct and represents the official position of my organization

Signed

Date

This form must be sent to Regional Offices for Customer Service.