



ELECTRICITY SUPPLY CORPORATION OF MALAWI (ESCOM)

APPLICATION FOR A NEW SERVICE

Ref No. _____

PERSONAL DETAILS THE APPLICANT

Surname (Mr./Mrs./Ms./Dr./Prof./Rev./Hon) _____

Other Names _____

Postal Address _____

Telephone No. _____ Fax No. _____ E-mail address _____

Occupation _____

Application for Electricity

Supply to: Office School Hospital /Clinic
 Bakery Other (Specify) _____

LOCATION OF THE PREMISES

District where the premises are located (e.g. Blantyre) _____

Area where the premises are situated in district (e.g. Ndirande Township) _____

Physical Address (plot number / area) _____

(Draw a sketch map on space provided next page)

Mark the type of electricity to be supplied Single phase Three Phase Upgrade single to three phase
Mark the nature of the premises to be supplied Old/existing Newly built Renovated
Mark when the premises will be ready for supply Immediately 1-2 months 2-3 months After 3 months

ELECTRICITY APPLIANCES / EQUIPMENT TO BE USED

| Electrical appliances | Number | Estimated Power |
|---|----------------------|----------------------------|
| Lighting points | <input type="text"/> | <input type="text"/> Kw/Hp |
| Socket Outlets | <input type="text"/> | <input type="text"/> Kw/Hp |
| Water heaters / Geysers | <input type="text"/> | <input type="text"/> Kw/Hp |
| Air conditioners | <input type="text"/> | <input type="text"/> Kw/Hp |
| Cookers | <input type="text"/> | <input type="text"/> Kw/Hp |
| Single-phase motors | <input type="text"/> | <input type="text"/> Kw/Hp |
| Three-phase motors | <input type="text"/> | <input type="text"/> Kw/Hp |
| Others (Specify) | <input type="text"/> | <input type="text"/> Kw/Hp |
| Total Estimates power in <input type="text"/> | | KW or HP |

DETAILS OF PERSON FILLING THIS FORM

Name of person filling this form P _____

You are making this application in your Capacity as (Mark your choice) owner of the premises An employee to the owner of the premises A relation to the Owner of the premises

Date:

Your Signature _____



DRAW A SKETCH MAP BELOW SHOWING DIRECTIONS TO THE PREMISES

FOR OFFICIAL USE ONLY

DETAILS (PLANNING)

| | By | Title | Date | Signature |
|------------------------------|-------|-------|----------------------|-----------|
| Application Sent to Planning | _____ | _____ | <input type="text"/> | _____ |
| Application received from CS | _____ | _____ | <input type="text"/> | _____ |
| Application sent for survey | _____ | _____ | <input type="text"/> | _____ |

INVESTIGATION DETAILS / PLANNING

| Existing S/S Name & No (If Applicable) | Distance from S/S to premises (m) | Proposed HV distance to S/S (If required) (m) | Existing HV Distance to S/S (m) | MV/LV tapping point to premises (m) | Red Phase (A) | Yellow Phase (A) | Blue Phase (A) | Red Phase (V) | Yellow Phase (V) | Blue Phase (V) | Time loads taken |
|--|-----------------------------------|---|---------------------------------|-------------------------------------|---------------|------------------|----------------|---------------|------------------|----------------|------------------|
| | | | | | | | | | | | |

| | By | Title | Date |
|----------------|-------|-------|----------------------|
| Data collected | _____ | _____ | <input type="text"/> |
| Data checked | _____ | _____ | <input type="text"/> |

Remarks:

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| | By | Title | Date | Signature |
|--------------------------|-------|-------|----------------------|-----------|
| Received from survey | _____ | _____ | <input type="text"/> | _____ |
| Costed | _____ | _____ | <input type="text"/> | _____ |
| Logged | _____ | _____ | <input type="text"/> | _____ |
| Sent to customer service | _____ | _____ | <input type="text"/> | _____ |

| CUSTOMER CARE | By | Title | Date | Signature | Days taken |
|------------------------------|-------|-------|----------------------|-----------|----------------------|
| Received at customer service | _____ | _____ | <input type="text"/> | _____ | <input type="text"/> |
| Quotation prepared | _____ | _____ | <input type="text"/> | _____ | <input type="text"/> |
| Quotation sent | _____ | _____ | <input type="text"/> | _____ | <input type="text"/> |

PAYMENT DETAILS:

| Total Quoted | Amount Paid | Receipt number | Date Paid | Balance | MX details | Prepared by | Signature |
|----------------------|----------------------|----------------------|----------------------|----------------------|------------|-------------|-----------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | _____ | _____ | _____ |

Comments and basis of quoting customers:

Contract Forms Received Date Received by: _____

For Namagetsi only

| | Prepared by | Checked by | Date Sent | Signature |
|-----------------------|-------------|------------|----------------------|-----------|
| Sent to planning | _____ | _____ | <input type="text"/> | _____ |
| Sent for construction | _____ | _____ | <input type="text"/> | _____ |

INSTRUCTIONS TO CONSTRUCT

ELECTRICITY SUPPLY CORPORATION OF MALAWI (ESCOM) LIMITED

DESCRIPTION OF ACTUAL WORK DONE

WORK CARRIED OUT BY _____ DESIGNATION _____ SIGNATURE _____ DATE

| | | |
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| | | |
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REMARKS

CHECKED & SENT

TO CS Eng BY _____ DESIGNATION _____ SIGNATURE _____ DATE

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Received in CS BY _____ DESIGNATION _____ SIGNATURE _____ DATE

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Inspected and

Sealed on BY _____ DESIGNATION _____ SIGNATURE _____ DATE

| | | |
|--|--|--|
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Seal on form sent

To Revenue _____ DESIGNATION _____ SIGNATURE _____ DATE

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FOR OFFICIAL USE – DESIGN / INVESTIGATION LAYOUT INDICATING FULL MEASUREMENTS