



Enquiry for Supply of Electricity

-NOT FOR SALE-

Date: _____

APPLICANT'S DATA

Surname/Company Name: _____

First Name: _____

Middle Name: _____

ID/Passport No.: _____

Country: _____

P.O. Box: _____

Code: _____

Town: _____

Mobile: _____

Office Tel: _____

E-mail: _____

County: _____

District: _____

Division: _____

Sub-Location: _____

Street: _____

Village / Estate: _____

Customer Contact Person: _____

Self

Other
 Name _____

Telephone _____

SUPPLY LOCATION DATA

County _____

District: _____

Division: _____

Sub-Location: _____

Street: _____

Plot: No.: _____
LRN: _____

Village/Estate: _____

Nature of
Business _____

Landmark/Route map/Site Direction _____

POWER DATA

Type of Application

New

Additional Load

Account No

Meter-Separation

Re-routing

Others: (Please specify)
.....

No. of Meters Required _____

FOR OFFICIAL USE ONLY

Customer Application Number _____

ADMD _____

House No/Name _____

No. of Meters _____

Account Number _____

Previous ADMD _____

See the back of the form for a list of allowed types for each numbered data item and a box for helping you work out the ADMD
ADMD: After Diversity Maximum Demand

APPLIANCES AND MACHINERY

A. LIGHTING POINTS (Bulbs) No.

B. PLUG POINTS (Socket outlets)	No.	Amp	No.	Amp	No.	Amp
		13 Amps		15 Amps		20 Amps

C. FIXED APPLIANCES (Cookers, Heaters, Air conditioners, Fridges, Ovens e.t.c)

Appliance	No.	KW	No.	KW	No.	KW
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

D. MOTORS

Purpose for which required	No.	Rating (HP or KVA)	Phases
1.			
2.			
3.			
4.			
5.			
6.			

E. OTHER EQUIPMENT

Note : Please attach a separate list if the above space is not adequate

CHECK LIST: Please attach the following documents when submitting this form

- Copy of national ID or Passport (non-Kenyans) or Certificate of Registration/Incorporation as appropriate.
- Clear and detailed route sketch leading to the premises where supply is required.
- Scaled site plan (preferably in Softcopy) for Large Power Customers such as Industries, Housing Estates e.t.c

Applicants Name Signature..... Date.....

FOR OFFICIAL USE ONLY

Type of Premises	Work Type	Voltage	Connection Type
<input type="checkbox"/> Unknown	<input type="checkbox"/> No Work	<input type="checkbox"/> Low voltage, single phase 240 Vts.	<input type="checkbox"/> Single phase overhead
<input type="checkbox"/> Individual domestic households	<input type="checkbox"/> Line Extension	<input type="checkbox"/> Medium voltage, three phase 415 V.	<input type="checkbox"/> Single phase underground
<input type="checkbox"/> Flats	<input type="checkbox"/> Line Rerouting	<input type="checkbox"/> High voltage, 11 KV	<input type="checkbox"/> Three phase overhead
<input type="checkbox"/> Individual commercial premises	<input type="checkbox"/> Line Reinforcement	<input type="checkbox"/> High voltage, 33 KV	<input type="checkbox"/> Three phase underground
<input type="checkbox"/> Collective commercial premises	<input type="checkbox"/> Meter Separation	<input type="checkbox"/> High voltage, 66 KV	<input type="checkbox"/> Direct/* can be customized
<input type="checkbox"/> Farms	<input type="checkbox"/> New Substation	<input type="checkbox"/> High voltage, 132 KV	
<input type="checkbox"/> Street Lighting	<input type="checkbox"/> Substation uprating	<input type="checkbox"/> High voltage, 220 KV	
<input type="checkbox"/> Industrial	<input type="checkbox"/> Rerouting of LV underground service line		
<input type="checkbox"/> Estates	<input type="checkbox"/> Rerouting of HV underground service line		