



Application for Permanent Permit and Power Supply

Please complete clearly in black or blue biro, see reverse for instructions

APPLICANTS DETAILS: (Complete this sect	ion if registering as an individual)
Surname:	
First Name:	
Title:	Home Telephone:
Business Telephone:	Fax:
Email Address:	
INSTALLATION ADDRESS: (Address where	electricity is required)
Building Name:	
Unit/Flat Number:	House Number:
Street Name:	House Number.
Suburb:	City/Town:
City/Town:	Title Lease No:
City/ Town.	Title Lease No.
DOCTAL ADDRESS. (Address for correspond	done o/hill if different from the Installation Address)
POSTAL ADDRESS: (Address for correspond	dence/bill if different from the Installation Address)
Building Name/PO Box:	
Unit/Flat Number:	House Number:
Street Name:	Au.
Suburb:	
City/Town:	
INSTALLATION DETAILS	
The installation is/premises are (circle one)	
Residence Shop Factory Hotel	Other (specify)
The work required is best described by (pleas	se tick)
A replacement of, or repair to, existing wiring	TO THE REAL PROPERTY AND THE PERTY AND THE P
Additional outlets in an existing structure that	
	clude additional outlets but is serviced by the existing meter
	but which is to be read as part of the existing bill
A significant extension requiring a new meter A new building where electricity has never be	
A new building where electricity has hever be	con supplied before
Date Electricity Required	Supply (circle one) one phase three phase
Distance to nearest supply point	Nearest Consumer Meter No.
Other Comments	
Caro. Sommond	

Apparatus	Exi	sting	New		Total
	No	Ratings	No	Ratings	Points
Lights					
GPOs		1, 121111	*		-
Cooking Appliances					
Air Conditioners					
Water Heaters					
Welding Machines					
Motors					
Others (specify)					
oly for permission for permanent claration has been read and expl easements/wayleaves of statuto gaged an electrical contractor to	ained to me in Hin ory consents or ap	dustani/Fijian and oprovals as may	d I fully under be necessary	stand the conten y. I have / have	t . I will ob not previo
ntractor Name:			Details of t	he work:	
			day of		
ted at	, this		_ day or	, 2	
	, this	Signature of C		, , 2	
pnature of Customer: bber Stamp if a siness or Organisation:	, this	Signature of C License Numl Rubber Stam	Contractor:		