THIS FORM IS NOT FOR SALE

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



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			ENQUI	RY F	OR SU	PPI	LY OF ELECT	RICITY				
Date:		Customer Application Number:										
APPLICANT'S SECTION												
1. TYPE OF APPLICATION - Tick where applicable												
Premium Application (above 25kVA)							Standard Application (below 25 kVA)					
Type of Appl	ication:	_										
New			Rerouting			1	Meter Separation		Additio	onal Load		
Temporary			Group App	licatio	n	/	Account No.:		Accour	nt No.:		
No. of Meters	Requir	ed:										
Note: Attach copy of latest bill for additional load and meter seperation applications												
2. APPLICAN	IT'S DA	TA										
Surname/Company Name:						First Name:		Middle Name:				
ID/Passport I	No.:		County of residence:				P.O. Box:		Town of residence:			
							Postal Code:					
Mobile Tel No.(s):							Office Tel No.:					
Customer's e	mail ad	dress:										
Customer Contact Person: Self Other							Name:					
							Telephone	e/Mobile:				
3. SUPPLY LO	CATIO	N DATA	•									
County:			District:				Division:					
Sub-location:			Street:				Village/Estate:					
Name/House No:							LRN/Plot No.:					
4. APPLIANC	ES											
(A) FIXED AF	(B) PLUG (C) MOTO			OTOF	RS							
(Cookers, Headitioners, Fric	POINTS (Socket outlets)											
etc.)												
Туре	No.	kW	Amp	No.	No.	Ph	ases	HP or kVA		Purpose for which	ch	
			13 Amps							required		
			15 Amps									
			20 Amps									
(D) Lighting Points (Bulbs)			(E) OTHER APPARATUS									
No.:												

5. WAYLEAVES APPROVAL/CONSENT							
I/We	sent to The Kenya Power laying or erecting an having access to my said piece of land for the						
I undertake not to interfere or permit any interference with the electric supply line nor to construct buildings, plant trees or dump waste materials beneath the electric supply line. I also undertake that this consent shall be irrevocable.							
I have supplied copies of Title deed and Land search documents as proof of ownership.							
Signed by Proprietor	Date						
CUSTOMER CHECKLIST: Please attach the following document	ents when submitting this form						
All Applicants							
Copy of ID							
Copy of PIN Certificate							
Route Sketch Map							
Copy of title deed and land search documents for owner of property (to support wayleaves consent)							
Supply Contract Form (signed)							
Wiring Certificates							
Meter Separation and Additional Load Applicant							
Copy of latest Electricity Bill							
Additional requirements for Premium Applicants							
Scaled Site Plan (preferably in soft copy AutoCADD/DWG format)							
Load Schedule Details							
Applicant's Signature:	Date:						

FOR OFFICIAL USE ONLY

POWER DATA								
	TICK WHERE APPLICABLE							
ADMD** for Services	New Supply:	ADMD**:						
(Only to be filled if Type of Premises = Flats)								
	Load Increase:	Supply Registration No. (S.R.N.)						
No. of Supplies:	Previous ADMD**							
(Only to be filled if Type of Premises = Estate)								

REFERENCES

ID - Identification

PIN - Personal identification Number

^{**} ADMD: After Diversity Maximum Demand