

BEL APPLICATION FOR CONNECTION

App.Number

SERVICE OWNER TO COMPLETE SECTION 1, 2, 3 & 4 (Signing)	1	Connection Details Date Required: ___ / ___ / ___																																											
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Street No.</td><td></td></tr> <tr><td>Street / Road</td><td></td></tr> <tr><td>Area</td><td></td></tr> <tr><td>Connection To</td><td></td></tr> </table>	Street No.		Street / Road		Area		Connection To		Domestic <input type="checkbox"/> Commercial <input type="checkbox"/>																																		
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2.	Type of Connection & Payment																																												
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Date: ___ / ___ / ___																																													
	Load Group Type <input style="width: 100px;" type="text"/>																																												

5. Site Plan:

6. Service Details

Conductor Length of Core Size mm Type Cu or Al

Motors – 1 PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	Overhead	<input type="text"/>
Motors – 3 PH	<input type="text"/>	<input type="text"/>	<input type="text"/>	Underground	<input type="text"/>
Range	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of Phases	<input type="text"/>
Water Cylinder	<input type="text"/>	<input type="text"/>	<input type="text"/>	Controlled Load	<input type="text"/> Yes <input type="text"/> No
Other Controlled Load	<input type="text"/>	<input type="text"/>	<input type="text"/>	Max Demand	<input type="text"/>
				Estimated Yearly Use	<input type="text"/>

7. Electrician

Name:	<input type="text"/>	Phone:	<input type="text"/>
Company:	<input type="text"/>	Work:	<input type="text"/>
Address:	<input type="text"/>	Cellphone:	<input type="text"/>

I certify that the site plan and details supplied are accurate and all information relevant to this Application has been provided.

Signature of Electrician: Date: ___ / ___ / ___

8. Network Approved Contractor

Name: Company:

I certify that this Application conforms with the design requirements of the Network and does not exceed approved loading on the Network.

9. Network Livening Contractor

Living Agent

Name:	<input type="text"/>	Phase	R	Y	B
Company:	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Livening Agent:

Install COC No.	<input type="text"/>	
Other COC No.	<input type="text"/>	
Ripple Relay Chanel	HW	<input type="text"/>
	NS	<input type="text"/>
	UF	<input type="text"/>
	Other	<input type="text"/>

I certify that at the time of livening the install livened complied with the requirements of all relevant legalisation.

Switching Co-Ordinator

Dated: ___ / ___ / ___

