

UTILITIES MANAGEMENT SERVICES OCCUPATIONAL HEALTH AND SAFETY ACT 85 OF 1993 ELECTRICAL INSTALLATION REGULATIONS

APPLICATION FOR COMMENCMENT OF INSTALLATION WORK

I hereby advise that installation work will commence at:

ERF No:	Township:
Street address:	
	Floor:
Name of tenant/occupant/agent/owner:	
Connection fees payable by: Name:	
Tel: Email: _	
Postal address: (in block let	ters)

Signature

Note: For farm and agricultural holdings, a full description as per title deed is required

Description of proposed work: (please tick the appropriate)

New installation Extension Modification
Size of installation New installation Prepaid A kVA Prepaid medication
Date of commencement of installation:(Block letters)
Registered trade name of contractor:(Block letters)
Electrical contractor/accredited person:(Block letters)
Fixed address:
Contractor's registration/accredited person's certificate no:
Signature: Tel no:
Nome of eignotony
Name of signatory:(Block letters)
Description of supply required:
Existing load: A Additional load:A Existing main switch:
Mains: Existing: mm ² New:mm ² New main switch:
Main switch (fault current rating):mm ²