

CHANGE OF CONSUMER CATEGORY

(Tick the applicable purpose)

1	Service Connection No	1000025845
2	Name of Consumer	.
3	Consumer Category	CIT.
4	Contracted load	3KW.
5	Address	Maw Kaniang. Telephone No: 87946-18616. Mobile: Email
6	Request for change in service	D-L.T.
i)	IF request is for conversion of Service: (Tick whichever applicable)	a) Conversion from LT single phase to LT 3-phase b) Conversion from LT 3-phase to LT single phase c) Conversion from LT to HT d) Conversion from HT to LT e) Conversion from HT to EHT f) Conversion from EHT to HT g) Other (Please specify)
ii)	IF request is for change in Consumer category, mention the tariff category to which Consumer wants to shift:	(See list of all tariff categories attached with this form)
iii)	IF request is for change in Premises:	a) New address to which existing Service connection is to be shifted: b) Details of equipment to be shifted (Meter/Service line, LT/HT line, transformer, etc.):
7	Reason for change in service	

Note: The following documents are attached with the application form: (Tick whichever applicable)

1. Installation inspection report

2. Proof of ownership / legal occupancy of premises, if request is for shifting of premises

3. Any other document (please specify)

Date: _____

Place: _____

B. Ngkhaing

Signature of Consumer

Name: