

	-	
(b)	Number of nearest pole (if available)	
0.00		

Any additional location information:

(Continue at Question 9)	

COMPLETE THIS SECTION FOR A TRANSFER OF SERVICE / RECONNECTION

- (a) Please provide at least one of the following:

 (i) Name of last occupant
- (b) Is this service on? Yes No

 If yes, state the date occupied/to be occupied
- 9. PRESENT ADDRESS: _____

	Telephone No:	
21-949-95 (1994A)		

	relephone No.	
Employer:		

		Telephone No:	
10	Date service is required:		

10.	Date service is required:		
	MANUSCRIPTION AND MANY PROPERTY.	Marian Transfer of the Control of th	
		The second secon	Section 11

1.	Do you want to terminate your present service?	Yes	No
	MARKET AND CONTRACTOR		

If Yes.	(a)	Service No:	
1010 IN-1-1-1	4	Description of the second	

(b) Date disconnection is requi	Date disconnection is required:
(c)	Will someone else require this service immediately?

Not Sure

Telephone No:

f Yes, State:	Name:	
	Address:	
	riagicos.	

IMPORTANT INFORMATION

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Please print all information.

2. When applying for service please bring along:

or other valid identification:

- the appropriate service charge.
 Your Barbados Identification Card, your Passport
- a security payment to cover three months of electricity bills
 this is normally required on all services except residential services for Barbadian residents.
- An Electrical Inspection Certificate of Approval from the Government Electrical Engineering Department, Bay Street if you are applying for:
 - the installation of a new service.
 - that has been disconnected for more than six months.
 - the reconnection of an existing service for which the wiring has been modified.
- Customers who are unable to apply in person at our office should sign the application form and submit it to us with a covering letter.
- 4 Applications made on behalf of a Company, Organisation or other entity should be signed by a person authorised to act on that entity's behalf and either accompanied by a covering letter or stamped with the Company's official stamp.
- 5. Payment of all bills on this service shall be the responsibility of the person signing the application unless the application is made by a person authorised to sign on behalf of a company, Organisation or other entity registered under the Laws of Barbados in which case the bills will be the responsibility of the Company, Organisation or other entity.
- Payment of all bills shall remain the responsibility of the applicant until
 two (2) working days after notice is giving in writing to the Company of
 the intention to discontinue the service or until another customer
 assumes responsibility for the service.

Call us at 430 4300 or ask in our office if you need any further information.

Our offices are located at the Garrison, St. Michael and at the corner of Bay Street and Probyn Street, Bridgetown.

I/We hereby apply for electrical supply to the premises indicated above subject to the provisions of the Electric Light and Power Act and agree to pay for the electricity supplied at the rates in operation from time to time until adequate written notice is given to discontinue the service or until another customer assumes responsibility for the service.

I/We understand that the Barbados Light and Power Company Limited reserves the right to refuse connection to anyone who has an outstanding debt with the Company and if necessary, to transfer any debt owed to the Company by me/us to any electricity account for which I am/we are responsible.

I/We understand that the terms of service for all customers on the Secondary Voltage Power and Large Power tariffs are for not less than one year.

I/We understand that this service is subject to the conditions stated in the Barbados Light and Power Company booklet "Information and Requirements, covering the installation of electric services and meters."

I/We agree to notify Barbados Light and Power Company Limited prior to any change in the electrical requirements of my/our service installation and to make these changes only after the necessary permissions have been obtained.

I/We understand that the meter, poles, cables, wires, etc., provided by the Barbados Light and Power Company Limited are the property of, and shall be maintained by, the Company while all other sections of my/our electrical installation shall be maintained by me/us.

I/We hereby give permission to the Barbados Light and Power Company Limited for their personnel to enter on to my/our premises when necessary to access any of the company's equipment located on these premises.

I/We hereby assign the Company to cut any tree on the above property that is likely to threaten the electrical supply to any customer.

I/We understand that where necessary, I am/we are required to protect my/our electrical equipment on all phases against over current, low voltage, single phasing, voltage spikes, voltage surges, voltage dips, power interruptions and electrical interference.



	Name	of Applicant (Complete the appropriate section)		
(a) Mr./Mrs./Miss				
	(b)	Name of Company, Organisation or other entity		
	(1)			
	(ii)	Is this registered under the Laws of Barbados? Yes No		
		If no, the person signing the application shall be responsible for payment of bills and section 1 (a) should be completed.		
	(iii)	Is this the responsibility of a Ministry or Agency of the Government of Barbados? Yes No		
2.	SERV	ICE ADDRESS		
		Telephone No:		
3.	MAILING INFORMATION (If different to above) Name:			
	Addres	ss:		
1.		you ever had an electricity service with us? Yes state address		
5.	TICK	THE APPROPRIATE BOX		
	Are yo	u the Owner Tenant Agent of these premises?		
5.	Will th	ese premises be used for residential purposes only?		
	(1) (1)	please specify (i.e. Shop,Office, Manufacturing, Hotel,		
	Total Section	(i) are you a Barbadian Resident? Yes No		
		(ii) who will occupy these premises? Self Othe		

OFFICE USE ONLY

Date:

I. D. No: _____

Position of person signing: ____

If application is on behalf of a company, or other entity:

Witness:

Company Stamp:

Customer No:	Service No:
Application No:	Order No:
Tariff:	
Certificate No:	
Type of Certificate: Permanent	Temporary
Expiry Date:	
Breaker Size:	

Type of Service: _____ Phase ____ Wire ____ Volts

Associated Certificate:

Deposit: _____ Date: _____

Meter No: _____ Date Installed: _____

Date:

Meter Reading: _____ Date: ____

Prepared By: _____