



CHANGE OF OWNERSHIP FORM

1. Current Registered Name:

[First Name]

[Surname]

2. Proposed New Registered Name

[First Name]

[Surname]

3. Current Address of Meter:

[Village/Location]

4. Contact Number: _____

5. Cash Power Meter number/Induction Meter: _____

6. Domestic Household/Business: _____

7. Reason for Request: _____

8. Request made by : _____

9. Consumer Signature:

[Name]

[Date]

10. EPC Representative Signature:

[Name]

[Date]

11. Effective Date

ACTION FOR CHANGE OF OWNERSHIPS

Consumer No:

New Owner:

Date of Change:.....

Old Name:

OFFICER IN CHARGE:

.....