ANNEXURE-VI

Application form- conversion of services/change of consumer category/shifting of connection to new Premises (Tick the applicable purpose)

1. Service Connection No. 2. Name of Consumer 3. Consumer category 4. Contracted load 5. Address:	
6. Telephone No	_
7. Request for change in service:	
(i) If request is for conversion of service (Tick whichever applicable)	Conversion from LT single phase to LT 3- phase Conversion from LT 3-phase to LT single phase.
	Conversion from LT to HT.
	Conversion from HT to LT.
	Conversion from HT to EHT Conversion from EHT to HT 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 alt tariff categories attached with this form)
(iii) If request is for change of connection to new premise	(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.):
8. 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. If any other document, please specify).

Date:	Signature of the Consumer	
Place:	Name:	
Contact No	Email-Id	

ACKNOWLEDGEMENT

Application form of Servi	ce Connection No	at present in the name
of	(name of applicant) has been receive	ed on
(date) for	(Purpose)

In this regard, the consumer is given a reference No ______to be used for all future correspondence.

Signature/Seal of Licensee's representative

Name and Designation: