



شركة كهرباء المناطق الريفية ش.م.ع.م.
Rural Areas Electricity Company S.A.O.C.

طلب توصيل التيار الكهربائي للأحمال الكبيرة Application for large load connections

يرجى تسليم هذه الاستمارة إلى مكتب خدمات المشتركين بالمنطقة
Please return this application to Customer Service Department in your region

رقم العاملة / Case no.

التاريخ / Date

Site address (where connection is required)

Company name

Company location

Company address

P.O.Box

Post code

Region

Willaya

Tel. no.

Fax no.

Commercial registration certificate (To be attached)

Evidence of the authority of the signatory (To be attached)

Connection type

سكني / Domestic

صناعي / Industrial

تجاري / Commercial

زراعي / Agricultural

حكومي / Government

سياحي / Tourism/Hotels

Applicant information (For correspondence)

Name

Title

Address

P.O.Box

Post code

Region

Willaya

Tel. no.

Fax no.

Nature of load

Distributing (Details to be provided)

Non distributing (Details to be provided)

(Most enquiries are 'non distributing'. If the enquiry is for a building that contains a high number of motor of lifts, air conditioning plants, industrial machinery and electric welding equipments etc, the load may be 'distributing' and, therefore, further information should be details below)

Requirements

Load type

New Decrease Increase

(If increase in load, please state the existing load (KVA/KW))

Maximum power required MVA/MW (Existing plus increased after diversity)

Date required for supply

Connection period

Permanent Temporary

(If temporary, please state the duration period)

Supply number (If existing, if known)

Number of meters required

Electricity generation

Will there be any on-site generation? (If yes, attach details)

Yes No

Electrical contractor

Name

Tel. no.

Confirmations

Purpose for the supply (To confirm that the supply to the designated premises will not be supplied to any other persons).

Premises ownership (To confirm that the applicant is the owner of the premises).
(Documents to be attached)

Bill settlement (To confirm that the applicant will settle all the bills issued by the supplier).

Life support equipments (To confirm that there are life support equipments used in the premises).

Any special circumstances due to which the supply should not be disconnected (If attach details)

Signature

Name

Job

Date

Signature & seal

ص.ب: ١١٦٦، الرمز البريدي: ١٣٣، الخوير - سلطنة عمان P.O. Box: 1166, Postal Code: 113, Al-Khuwair, Sultanate of Oman

هاتف: مسقط ٢٤٤٧٣٢٢٨ / صلاة ٢٣٢٢٢١٢٢ / مسندم ٢٤٧٣١٥٥٤ / عبري ٢٥٦٨٨٢٩١ / آدم ٢٥٤٣٥١١٥ / محوت ٩٩٤٤٠١٦٤ / مصيرة ٢٥٥٠٤٢٥٦
فاكس: مسقط ٢٤٤٧٣٢٥٩ / صلاة ٢٣٢٢٢١٤٤ / مسندم ٢٦٧٣١٥٥٢ / عبري ٢٥٦٨٨٣١٢ / آدم ٢٥٤٣٤٧٦٨ / محوت ٩٩٤٤٠١٦٤ / مصيرة ٢٥٥٠٤٤٤٦
Tel: Muscat 24473228 / Salalah 23232122 / Musandam 24731554 / Ibri 25688291/Adam 25435115 / Mahooth 99440164 / Masirah 25504256
Fax: Muscat 24473259 / Salalah 23232144 / Musandam 26731552 / Ibri 25688312/Adam 25434768 / Mahooth 99440164 / Masirah 25504446