

ELECTRICITY GENERATION AND DISTRIBUTION

APPLICATION FOR PARTICIPATION IN THE LOAD CURTAILMENT PROGRAMME (LCP)

Please refer to the LCP guidelines for more information on this programme Complete all sections Please use clear capital letters and tick applicable blocks. Complete forms in black ink only. Partially completed forms will not be accepted. Incomplete and inaccurately completed forms will lead to delays. **Enquiries and form submissions** Completed forms can be submitted via email to: Peter.jaeger@capetown.gov.za or Rushdi.Ryland@capetown.gov.za 1 SERVICE LOCATION Erf number Township/Suburb/Farm Physical address Code 2 **PROPERTY OWNER (Applicant)** Business partner number as per municipal account Contract account number First name/ Title Company name Second name/Trading as Surname Address where documentation must be sent to, if different from physical address: Postal address Code

Work telephone number

Home telephone number

Cellphone number

Email address

3	CONTACT PERSON 1 (Main contact person for notifications)					
	Title; First name					
	Surname					
	Cellphone number					
	Email address					
4	4 CONTACT PERSON 2 (Secondary contact person for notifications)					
	Title; First name					
	Surname					
	Cellphone number					
	Email address					
5	ELECTRICAL TECHN	VICIAN (Person responsible for the installation within property boundaries if available)				
	Title; Name & surname					
	Company					
	Telephone number					
	Cellphone number					
	Email address					
6	ELECTRICITY SUPPL	Y SERVICE				
6.1	1 Existing installation (Not applicable for new connections) 6.1.1 Category: Residential Service connection: Underground Commercial/Industrial Overhead					
	6.1.2Existing supply to premises					

6.1.3	Average day tin	ne load:	kVA	
6.1.4	Circuits that will be	e switched off durir	ng load shedding :	
1	Stages 1&2		Estimated load reduction in kVA:	
	Estimated	load reduction :	kVA	
2	Stage 3		Estimated load reduction in kVA:	
	Estimated	load reduction :	kVA	
3	Stage 4		Estimated load reduction in kVA:	
	Estimated	d load reduction :	kVA	
6.1.5	Main Station	For office use.		
I/we, tl informa implen	ation contained in	n this application at the required loc	declare that I/we have taken the necessary steps to e is correct and that the load curtailment guidelines ad reduction detailed above will be executed during th	will be
	operty owner's name / operty owners' names Owner's signature / Owners' signatures Date	2 0 year	2 0 month day year month	day
If signi applica	_	he property owne	er(s), an approved letter of proxy*7 must be attached	d to this
	Proxy's name			
	Proxy's signature			
	Date	2 0		
*7 Proxy:		year	month day	
	owner is a natural person		erein the property owner appoints the signatory as proxy. The letter has to	be signed

- If the owner is not a natural person, a resolution of the board (or equivalent strategic body, depending on the nature of the company) is required, authorising the signatory to sign on behalf of the company.
- The property owner's details should still be completed in the PROPERTY OWNER section. The only change is in the DECLARATION section where, in the case of a proxy, the owner's name is filled in without his/her signature and the proxy signs on behalf of the owner in the appropriate field below it.
- All other documentation required have to be submitted, including proof of ownership.