

On completion of this form, please return to Counties Power Ltd by post or to newcons@countiespower.com

FULL DETAILS REQUIRED PLEASE USE CAPITAL LETTERS TO COMPLETE REQUIRED SECTIONS. FIELDS WITHIN A SECTION ARE MANDATORY.

1. APPLICATION TYPE

- New connection
 Existing connection - **If this application is for an existing connection, please enter your unique ICP number below:**

ICP NUMBER

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2. SITE DETAILS *This refers to the site where the point of supply is to be established*

Site address _____
 City _____ Postcode _____
 DPS _____ Lot No _____
 Other identifying remarks _____
 Please state what this site will be used for
 Dwelling Commercial Industrial Pump Other _____

3. LEGAL OWNER OF PROPERTY *of the site at the time of submitting this application*

Full Legal Name _____
 Contact Name _____
 Email address _____ Contact phone _____
 Physical address _____
 City _____ Postcode _____
 Postal address _____
 City _____ Postcode _____
 Individual / Couple Company Trust Other legal entity – specify _____

4. ELECTRICIAN OR ELECTRICAL CONTRACTOR *If known*

Full Legal Name _____
 Company _____ Contact Name _____
 Mailing address _____
 City _____ Postcode _____
 Mobile _____ Daytime _____
 Fax _____ Email _____

5. APPLICANT DETAILS *Please specify the entity who is submitting this application*

- Owner
 Electrician
 Developer
 Builder
 Other legal entity – specify _____

If the applicant is either the legal owner as stated in section 3 or the electrician named in section 4, please continue to section 6
For other applicant types please complete the section below:

- Business
 Individual/couple

Business or Full Legal Name _____
 Contact Name (if business) _____
 Email address _____ Contact phone _____
 Physical address _____
 City _____ Postcode _____
 Postal address _____
 City _____ Postcode _____

6. NOMINATED POWER RETAILER *This is the company to whom the power bill for this site will be paid*

- Contact Energy
 Energy Online
 Genesis Energy
 GLOBUG
 Mercury Energy
 Meridian Energy
 Nova Energy
 Opunake Hydro
 Powershop
 Prime Energy
 Pulse Energy
 Simply Energy
 Trustpower
 Other, please specify _____

7. APPLICATION FEES *Please note that the party who is stated as the "Applicant" is legally responsible for the payment of all metering related charges at the named "site" above*

I _____ hereby accept all charges related to metering services on the aforementioned site.

8. ELECTRICAL SPECIFICATION *It is recommended that this section is completed by an Electrician or Electrical Contractor*

Requested Phases 1 2 3 (Select one)
 Applied demand (kW) _____ Capacity (A) _____

Please note that if the applied demand or capacity is > 99 Amps, CT's or TOU metering is required. Further information will be provided following approval of this application.

ELECTRIC HOT WATER

Electric H/W No Yes If yes, estimate kw of H/W _____
 Controlled H/W ? No Yes If yes, specify period of control 11 hrs 19 hrs
 Meter wiring diagram number _____ refer document NW063
 Connection OH UG → Cable Size _____
 Connect point Pillar Pole → Pole Number _____

9. OTHER DETAILS *specify any other information or special terms that are or may be relevant to this application*

Brief description of work _____

10. SITE PLAN AND DETAILS OF CONNECTION *Please provide a detailed plan of where the point of supply is required, including property boundaries, street names as well as any other useful information.*

11. DECLARATION *To be completed for all applications*

*As the legal owner of the property or as an authorised agent for the owner I hereby apply for a new or updated point of supply to the Counties Power electricity network. I confirm that I am duly authorised to sign this application and confirm that the Owner agrees to be bound by the **terms and conditions** as stated by Counties Power Limited and hereby accepts all charges in relation to this application.*

Owner name or authorised agent _____

Signature _____ **Date** _____

COUNTIES POWER OFFICE USE ONLY

Job No _____ GXP _____
TX _____ Pillar/Pole _____
CapCon _____ Tech assessment _____
Date Received _____