



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 المعاملة

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 response)

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 land, 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 (Of existing of 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 be 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 / Ibr 25688291/Adam 25435115 / Mahooth 99440164 / Masirah 25504256  
Fax: Muscat 24473259 / Salalah 23232144 / Musandam 26731552 / Ibr 25688312/Adam 25434768 / Mahooth 99440164 / Masirah 25504446