FORM F Certification of Bulk Shifting/Replacement of Meterboards in Multi-Tenanted Buildings

t Block N	No.:	Stre	eet Name: _		Postal Code:				
S/No.	Floor No.	Unit No.	Meter No.	Meter Reading After Meterboard Replacement	* Meter Rotation Checked	* Polarity Check	Date of Reading	Sample Checked (For Office Use)	
1				·				-	
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17 18									
19									
20									
20							*tick as in	 order	