

FORM CS/5
Application for Inspection of Electrical Installation

To: SP Services Ltd
2 Kallang Sector
Singapore 349277

FOR OFFICIAL USE
Application No.:

PART I

I/We, #Mr/Mrs/Miss/Messrs _____
[# delete as appropriate] [name of applicant/company]

Utility Account No: _____

request you to provide an electrical installation inspection and install kWh meter.
(Please tick if meter is required)

Details of my/our application are as follows:
(Please fill in the appropriate box below)

An application for electricity supply service has been submitted earlier and approved. SP Services Application Reference No is: _____
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OR

This is a new application with details as given in Part II by my/our Licensed Electrical Worker undertaking the project. (Form CS/3 or CS/3H shall be attached for supply connection from landlord's or HDB's electrical installation.)				
My/Our particulars: UEN No.: _____ or NRIC No.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
<small>Note : Please state the last 4 characters (i.e. last three digits and alphabet) of NRIC / FIN / passport or other personal identification number.</small>				
Name of Authorised Person for Company: _____ (if applicable)				
Forwarding Address: _____ Postal Code: _____				
Tel: _____ Email Address: _____ Mobile Phone: _____				
_____ Signature of Applicant	_____ Date			

PART II (INSTALLATION DETAILS - To be completed by Licensed Electrical Worker if there is no application submitted earlier)

Project Description: _____

Site Address: _____ Postal Code: _____

Type of Application
(Please tick the appropriate boxes)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> New Supply | <input type="checkbox"/> Temporary Supply | <input type="checkbox"/> Upgrading of Supply | <input type="checkbox"/> Downgrading of Supply |
| <input type="checkbox"/> Extension | <input type="checkbox"/> Rewiring | <input type="checkbox"/> Replacement of Switchboard/Switchgear | |
| <input type="checkbox"/> Amalgamation | <input type="checkbox"/> Shifting of Meter | | |
| <input type="checkbox"/> Conversion to Master/Sub Metering Scheme | | | |
| <input type="checkbox"/> Other Services (Please specify) | | | |

Supply Connection from: SP PowerAssets installation/mains Landlord's installation (Form CS/3 is to be submitted) HDB's installation (HDB's endorsement is required) Public Lighting Network (Form CS/3 PL is to be submitted)

Type of Development: Industrial Commercial Residential Others

Metering Scheme: *Master / Sub / Normal [* delete as appropriate]

Type of Business (Brief Description): _____

Total supply capacity (including existing requirement, if any)

30/40A# 230V single-phase [# delete as appropriate] 60A/80A/100A# 230V single-phase 30A/60A# 400V three-phase kVA at 400V three-phase

PART III DETAILS OF PROPOSED INSTALLATION OR EXTENSION. (For HDB residential unit, erasure/amendment to any of the "QTY" figure below is NOT acceptable.)

	QTY		QTY		QTY		QTY
5A socket outlets		20A SPN ISO		Cooker Point		Oven Point	
13A socket outlets		20A TPN ISO		Connection Unit		Shaver Unit	
15A socket outlets		30/32A SPN ISO		Fan Point		Urinal Sensor Point	
10A SPN/DP ISO		30/32A TPN ISO		Hair Dryer Point		Washing Machine	
10A TPN ISO		60A SPN/DP ISO		Hand Dryer Point		Water Heater Points	
15/16A SPN ISO		60A TPN ISO		Lamp points		Other Equipment	
15/16A TPN ISO		Cooker hob point		Neon Sign			

[A completed Certificate of Compliance is required to be submitted if a new meter is required.]

Name of LEW : _____

LEW Licence No. : _____

Signature of Licensed Electrical Worker

Date: _____

Forwarding address [as registered with EMA]: _____

Email Address.: _____

Contact No.: _____

Postal Code: _____

PART IV Endorsement by HDB [applicable for HDB residential premises]

1 I have checked the loading of the electrical installation of the abovementioned building/complex and hereby confirm that the abovementioned load requirement can be catered for from the rising/horizontal mains system/main switchboard of the building/complex, and the total approved load to the entire building/complex will not be exceeded.

2 I hereby give consent for the abovementioned customer to tap electricity supply of a capacity indicated above from the rising/horizontal mains system/main switchboard of the building/complex.

Name/Designation/Signature of Authorised Person for and on behalf of Housing & Development Board

Date: _____