

Date of application: 12/11/2018

# Application For Network Connection

No:

ICP Number:

GXP:

Application type: New Connection

Quotation or estimate required: An Estimate

Application on behalf of someone else: No

## Applicant Details

Name:

Contact number:

Email address:

## Customer Details

Company name (if applicable): E2 Digital

Customer name: Hayden Shaw

Postal address: Testing

Email address: haydens@e2digital.nz

Preferred phone no: 1234

Secondary phone no: 1234

Preferred contact method: Email

Existing customer: No

## Site Details

Installation address: Testing

Lot/DP number: Testing

No of lots:

Date of supply required: 30/11/2018

Contact person: Test

Electrical contractor: Test

Electrical contractor phone: Test

Connection Details		
Fuse size requested:	1 Phase:	3 Phase:
Connection type: <b>Commercial</b>		
Energy retailer: <b>Test</b>		
Main heating source electric: <b>No</b>	Water heating electric: <b>No</b>	
Builders supply required: <b>No</b>	Electric motors: <b>No</b>	
Mains powered medical equipment: <b>No</b>		
Medical equipment description:		

Distributed Generation	
Distributed generation: <b>No</b>	
Energy source:	System rating:
Storage batteries: <b>No</b>	DG phase:
Inverter make/model:	

Motor Details	Size (kW)	Starting Method	Starting Frequency
Motor 1			
Motor 2			
Motor 3			

For NWL Use

Conditions/Notes
1:
2:
3:

Transformer Number:	Supplier capacity group: <b>kVA</b>
Approved by:	Date:

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