

FORM K – APPLICATION FOR REFUND OF SECURITY DEPOSITS IN ABSENCE OF ORIGINAL RECEIPTS



The Divisiona	ıl Manager	Date:
Electricity Se	rvices Division/Sub Division	
	r Corporation Limited	
Subject:	Refund of security deposit	
Dear Sir/Mad	am,	
 Name of th Address: BP # 	ike to surrender my/our meter v e Customer:; CA #al #	
made by the	understand that the refund of the Company upon production of to wever, I/We am/are unable to poon:	he original receipts by the
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that the infor action by the understand the	that there shall not be another comation as given above is true and Company, if any information ginat the security refund shall be a	l I/we am/are liable for any ven is incorrect. I/We also made after adjusting all the
A copy of CID	is attached herewith in support	of my claim.
Yours faithful	ly,	
Affix legal stamp		
Signature	Witness:	
Name:	Name:	
CID No:		
Contact No		