



FORM M - METER SURRENDER FORM

Name of Electricity Supply Division:

Mr./Mrs.....

Address.....

Consumer No:

BP No:

Meter Data

1. Meter No:

2. Meter Capacity:

3. Date of removal:

4. Final reading:

Final Bill Amount: Nu.....

Meter Burnt/Lost Charge: Nu.....

Disconnection Charge: Nu.....

Total Amount: Nu.

Payment reference:.....Dated:

..... Present Consumer # where she/he is
residing.....

Contact Number:

CID:

Present address:

Permanent Address:

Disconnected by:

.....

(Signature of the Manager / Officer in-charge with official seal)