FORM N - METER SHIFTING FORM

Customer Information

Mr./Mrs./Miss : ……
Address : ……
Location : ……
Consumer No : ……

Meter Shifting Data

New Route : ……
Address : ……
Location : ……
Load Assessment No of Light Points : ……
No of Power Points : ……
Total Connected Load (KW) : ……

Meter Data

Meter No : ……
Meter Type & Make : ……
Meter Rating : ……
Meter Digit : ……
DMF : ……
Circuit CT : ……
Meter Seal No : ……..
Date Installed : ……
Shifted by : ……

Charges

Meter Shifting charge payment reference ……..

……..

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