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)