

Name of Electricity Supply Division:

FORM IX - APPLICATION FORM FOR CHANGE OF ADDRESS

Date:

The Manager

ESD

Sub: Change Address

Dear Sir,

I/We would like to inform you that I, (name) holding Consumer No.

....., would like to have my address changed for the purpose of receiving my monthly electricity bill. Therefore, you are requested to make the necessary changes to the address in the current account.

Yours faithfully,

Owner of the Premises: Name and Signature

For BPC use only

Old Address:

New Requested Address: