

FORM CS/1

Application for Connection to the Transmission System

To: SP Group
 2 Kallang Sector
 Singapore 349277
 Attn: SP Services
 Email: install@spgroup.com.sg

For official use only	
APPLICATION NUMBER:	
DATE RECEIVED:	

PART I APPLICANT'S DETAILS

Sub-metered consumers (tenants) are not eligible for this application. All tenants in multi-metered premises are required to obtain supply from their landlord/ MCST or HDB for HDB premises. All connections with Distributed Generation (e.g. Solar PV system) are required to submit this application.

I request you to provide/upgrade the load connection service to my premises as given in Part II by my Licensed Electrical Worker undertaking the project.

Name of Company/Applicant*: _____

UEN No.: _____ or NRIC No.:

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Note: Please state the last 4 characters (i.e. last three digits and alphabet) of NRIC / FIN / passport or other personal identification number.

Department/ Sub- BU*: _____
(Only applicable for Ministries & Statutory Boards for e-invoice through AGD)

Name of Authorised Person & Designation: _____

Forwarding Address: _____ S{ _____ }

Tel: _____ Mobile Phone: _____

I have at least one [1] small and embedded generating unit (e.g. solar photovoltaic) at my premises and I am GST-registered#. My GST registration number and date are as follows and I attach herewith a copy of the GST registration letter from IRAS: GST Registration No.: _____ GST Registration Date: _____

I agree that I will not issue any tax invoice for electricity sold to SP Services but hereby authorise SP Services to issue tax invoices on my behalf. I will notify SP Services immediately if my GST registration is cancelled or if I am issued with a new GST registration number.

Email: _____ Signature of Applicant: _____ Date: _____

PART II INSTALLATION DETAILS (TO BE COMPLETED BY LEW)

Project Description: _____

Site Address: _____ S{ _____ }

Utility Account No (Existing): _____ Existing Approved Load: _____ kVA / kW*

Any previous consultation? YES / NO* If Yes, please provide Consultation No: _____

TYPE OF CONNECTION (PLEASE TICK THE APPROPRIATE BOXES)

- | | | |
|--|--|--|
| <input type="checkbox"/> New Connection | <input type="checkbox"/> Replacement of switchboard with no upgrading [same / different switchroom]* | |
| <input type="checkbox"/> Temporary Connection | <input type="checkbox"/> Change of intake connection point [involving new switchroom] | |
| <input type="checkbox"/> Re-energisation of existing connection | <input type="checkbox"/> New connection with Distributed Generation [please specify]: _____ | |
| <input type="checkbox"/> Existing connection with Distributed Generation [please specify]: _____ | <input type="checkbox"/> Others [please specify]: _____ | |

TYPE OF DEVELOPMENT (PLEASE TICK THE APPROPRIATE BOXES)

- Industrial Residential Commercial Others [please specify]: _____

Type of Business Activity (Brief Description): _____ Voltage Sensitive? YES / NO*

LOAD REQUIREMENT (ONE INTAKE CONNECTION POINT PER PREMISE)

Total load requirement [to include existing load, if any]

- | | | |
|--|---|---|
| <input type="checkbox"/> 30A / 60A / 100A*
230V single-phase | <input type="checkbox"/> 30A / 60A / 100A*
400V three-phase | <input type="checkbox"/> _____ kVA at
400V three-phase (> 69kVA) |
| <input type="checkbox"/> 22kV
(min 1,700kW for 2 HT services, min 12,751kW for 4 HT services) | <input type="checkbox"/> 66kV / 230kV*
(min 25.5MW for 66kV, min 85MW for 230kV) | |

TYPE OF PREMISE (PLEASE TICK THE APPROPRIATE BOXES)

- Single user premises Multi-tenanted premises Multi-tenanted Master-sub
 Estimated landlord load : _____

[For multi-tenanted installation with the exception of HDB residential installation, the metering scheme shall be designed as Master/ Sub-metering scheme.]

SINGLE USER PREMISES (HIGH TENSION / EXTRA HIGH TENSION)

Total Contracted Capacity of _____ kW at _____ kV via _____ service cable(s).

Initial Contracted Capacity of _____ kW (shall not be less than ¼ of the Contracted Capacity) for _____ months (not exceeding 12 months).

Total Load Requirement: _____ kW (for multi-metered premises only)

MULTI-TENANTED / MULTI-TENANTED MASTER-SUB PREMISES (HIGH TENSION / EXTRA HIGH TENSION)

Total Contracted Capacity of _____ kW at _____ kV via _____ service cable(s).

Landlord's Contracted Capacity (minimum 1,700kW): _____ kW

Initial Contracted Capacity of _____ kW (shall not be less than ¼ of the Contracted Capacity) for _____ months (not exceeding 12 months)

Target date of Energisation: _____/_____/_____ Estimated ultimate load: _____ kVA / kW*

(Please refer to expected lead time in handbook. For service costing job, supply will normally be available 4 to 6 weeks from the date customer switchboard / meterboard and cable entry pipes is ready to receive the service cable. For major work where substation is involved, customer shall handover the substation building 10 weeks before the target date of energisation.)

TYPE OF METERING SCHEME (PLEASE SPECIFY THE APPROPRIATE METERING SCHEME)

- Master
- Normal

(For master metering scheme, the common services load must be at least 10% of the total load for the premises)

Any change in metering scheme? YES / NO* . If yes, please specify _____

TO BE COMPLETED FOR INSTALLATION EXCEEDING 45kVA

Total Land Area: _____ m² Gross Floor Area: _____ m²

PLANS AND DETAILS (MANDATORY)

- 2 copies of Architectural site and endorsed location plan
- Substation Land Ownership: SLA / URA / HDB / JTC / Private / Others* Please specify: _____
- 2 copies of endorsed plans showing proposed customer's intake connection point or the existing intake point (if applicable)
- Details of the type, floor area & designed load of individual premises for multi-metered premises
- 1 copy of Fault Level Report (Distributed Generation and applicants with HT motors only)

(Please ensure that the attached plans and diagrams do not exceed the standard A3 paper size)

PART III LEW DETAILS

I confirm that the above information is correct and agree to advise SP Services should there be subsequent changes.

Name of Authorised LEW: _____ Licence Number: _____

Registered Forwarding Address: _____ S(_____)

Tel: _____ Mobile Phone: _____ Email: _____

Signature of Authorised LEW: _____ Date _____

PART IV QUALIFIED ELECTRICAL CONTRACTOR (QEC) DETAILS (IF APPLICABLE)

Name of Authorised QEC: _____ Licence Number: _____

* Delete where not applicable * This is not applicable for GST-registered sole proprietors whose premises are for personal use.