



## Become Partner Form

Company Name :

Address :

Contact Person Name :

Contact Number :

Company Product Details :

Demand Load :

Connected Load :

Transformer Make :

Manufacturing Date & Year :





Tapping Type :

Category :

If Repaired :

Monthly Electricity Bill Current :

Last Three Months Average Bill :

Annual Average Electricity Bill :

Approximate Purchase Amount :

No Load Loss as per Energy Meter :

Interested in Saving of your money & our Nation :





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Our Technical Experts call & Help you with permission :

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If Yes than give time duration for calling :

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