Form Version I - Nov 2019

CEB MEDIUM-SCALE DISTRIBUTED GENERATION (MSDG) RE SCHEME EOI FORM

EXPRESSION OF INTEREST (EOI)

1. Instruction/Information to MSDG Designated Representative(s)

- Only form accompanied with all requested documents will be considered.
- Address the duly filled and signed form, accompanied with all requested documents, to the CEB Strategic & Business Planning Executive in a sealed, properly labelled envelope.
- Information provided in the form together with all requested documents will be used to perform an
 evaluation to determine and allocate the capacity (MW) of each RE facility.
- Form with incomplete, incorrect and false information will not be considered.
- Form will be processed only upon submission of requested documents within the prescribed deadline.
- The duly filled Form, accompanied with all requested documents, will be treated on the *first-come*, *first-serve* principle.
- Forms which could not be processed will be rejected.
- A notification/reference number will be given upon submission of this duly filled and signed Form.
- Read carefully this Form and submit all materials requested.

2. Customer Information

Please provide the following information

CEB Business Partner Number: Please attach a copy of the last electricity bill, if available.	Electricity Contract Account Number:		Electricity Tariff:
Name of the Customer: (Please write full name in block letters)			
Authorised Representative(s) of the Customer:		Submit Delegation Letter	
Name of the Authorised Represen (Please write full name in block letters			
National Identification Number: Submit a copy of the account hold authorised representative ID card or			
Customer Official Address:			
The Authorised Representative(s) Conta	act (Offic	e)	(Mobile)



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3. Required Preliminary Information

Location of the Customer premises:	Submit a copy of the location plan				
National Identification Number/Business Registration Number (whichever applicable)			Submit a copy of National Identification Card or Business Registration Card		
Type of Solar PV Installation Tick one box only	Rooftop		Greenfield Ground Mounted		
Location of Solar PV Installation Provide proof of site ownership or relevant agreement with site owner	On-site		Off-site		
Proposed Capacity of the SSDG/MSDG:	(MW)	C hadina	Submit separate Form for each SSDG/MSDG		
Expected Annual Energy Generation of the SSDG/MSDG:	(MWh)	Submit sep			
Declared Electrical Load in the CEB Electricity Contract Account:		Consult CEE	3 for this information, if needed		
Choose one of the following options to select a supplier/installer for the solar PV	Option 1: Self search and select own supplier/installer or				
installation:- Tick one box only	Option 2: Contact CEB's enlisted Suppliers/Installers.		ted		
4. Customer's Authorised Representative Agreement I, (write name in full, block letters), agree to the					
following:-		_ `	, , , , , , , , ,		
 To make all necessary arrangement for CEB personnel and/or its associate(s) to access to the SSDG/MSDG premises; and 					
2. To make all necessary arrangement for the signing of all relevant agreement in respect of the SSDG/MSDG renewable energy project.					
Signature:		Da	nte:		



Processed by:

Signature:

Verified by:

Signature:

(Write name in full and in block letters)

(Write name in full and in block letters)

Notes/Observations (if any):

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5. Customer Agreement

I, (write name in block letters)		, confirm that:
 free and full access to CEB paymere the SSDG/MSDG will I have received all information. I have read and understood. The information given in thi. I understand that my proper requested documents; I agree that the final capact CEB as per the terms and co. I agree to satisfy all the term. I have no objection to CEB s. Whatever be the outcome(s. 	personnel, including its respective authorise installed will be provided; on on the CEB MSDG RE Scheme; the content of this form and related is form is true and correct; osed solar PV project will be evaluated (MW) of the proposed SSDG/MS inditions of the CEB MSDG RE Scheme is and conditions of the CEB MSDG Resident in the conditions in the conditions in the conditions of the cEB MSDG Resident in the conditions in	thorised associates, to the premises materials; ted only after the submission of all DG be determined and allocated by e; E Scheme;
Signature:		Date:
For support and queries, pleas 2045 or send an email to gueryn 6. For Office Use	_	Planning Unit on 404-2038 or 404
SAP Notification Number:		
All required documents have be (Please write 'Yes' or 'No')	een submitted:	
Notes/Observations (if any):	(Attach memo if required)	

(Attach memo if required)

Date:

Date: