

"U" FORM FOR CHANGE OF NAME

(Address of the premises shall remain same)

You can fill this form online also. Please visit www.mahadiscom.in
(Processing fee will be waived if application and payment is made online)

Date of Application: ____

To,

**The Office In Charge,
Sub-Division/ Circle Office**

Dear Sir / Madam,

I hereby submit this application for Change of Name of connection as mentioned below.

1) Details of Old Consumer

1)	Applicants Name (IN BLOCK LETTERS)	First name	Name of Father/Husband	Surname
2)	Consumer No.:	(Mobile No)		

2) Details of New Consumer

1)	Applicants Name (IN BLOCK LETTERS)	First name	Name of Father/Husband	Surname
2)	Email Id:	(Phone No)	(Mobile No)	
3)	Aadhar Card No.(Optional):			

3) Reason for Change of Name : _____

4) Document enclosed (Please specify) _____ (Please see Annexure "A")

Note: 1.For transfer of Security Deposit, old consumer should give consent, in absence of such consent incoming consumer will pay security deposit.

2. If old consumer wants refund of Security Deposit then fill up form "X".

3. In case of arrears, this application will not be processed and intimation will be sent to new consumer.

Declaration:

I hereby declare that

I will abide by the provisions of Electricity Act 2003 and Maharashtra Electricity Regulatory Commission (Electricity Supply Code and other conditions of Supply) Regulation 2005.I will further abide by rules & regulations issued by regulatory bodies & MSEDCL from time to time. I will pay the electricity bill as per prevailing MSEDCL Tariff. If the premises is declared unauthorized then at the time of vacation by competent authority, MSEDCL will have liberty to remove the electric connection immediately.

The above information is true and if any false information is observed, I / we will be responsible for the consequence thereof.

Note: You can upload signed copy of this form & relevant document for change of name, on MSEDCL website OR by using Mobile App.

Signature of Applicant

For Office Use:	Application No.:	Acknowledgement Receipt	Signature & Office Stamp
	Applicant Name:		(Representative MSEDCL)
	Application Received Date:		

Annexure "A"

Document required (please tick):

Any one of the relevant document:-

- a. Occupancy Certificate issued by statutory body / Competent Authority.
- b. Ownership Document/form 8 / Form 7-12 / tax / lease issued by Local Authority
- c. Certified copy of Corresponding Legal Document (In case of inheritance / succession / will/ Gift Deed)
- d. Certificate of Incorporation issued as per provision of companies Act 1956.
- e. Affidavit / Gazette Notification for himself (In case applicant himself has changed his name)
- f. Legal document supporting letting and NOC of the owner. (In case of premises is let out to the applicant)

FORM "X"

a) Transfer of Security Deposit

I, Shri / Smt. / M/s. _____, hereby give consent for transfer of Security Deposit held against my consumer no. _____ in the name of transferee Shri / Smt./ /M/s. _____.

Signature of Old Consumer

OR

b) Refund of Security Deposit

I, Shri / Smt. / M/s. _____, hereby give consent to transfer the connection in the name of transferee Shri / Smt. /M/s. _____ . I request to refund the security deposit held against my consumer no. _____ to me. For refund of security deposit Original Receipt is enclosed. OR my Original Receipt of S.D. is lost, I am enclosing indemnity bond. The Account details for ECS are as below.

- Name of Account Holder:
- Name of Bank & Branch:
- Bank A/c no.:
- IFSC no.:
- Original Receipt no.:

Signature of Old Consumer