

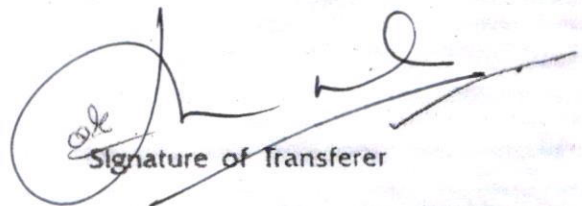


SOUTHERN POWER DISTRIBUTION COMPANY OF TELANGANA LIMITED

Operation Ranga Reddy West Greater Hyderabad

TRANSFER APPLICATION FORM

I Silver oak villas LLP hereby transfer
my service connection No. _____ at door No. 133
street Cherlapally Town Medchal to
Sri. / Smt. / Kumari _____ with Security
Deposit of Rs. _____ (Rupees _____)
Pledged by me, as I have (1) left the house or (2) sold the house or (3) mortgaged and
I have nothing to do with the service from hence forth, as have foregone all my rights
in the service connections.


Signature of Transferer

Sadanond Bhojak
I G. PATEA KUMAR hereby agree to
transfer of the said service connection to _____
at Door No. 133 Street _____
Town Silver oak villas, Cherlapally, Medchal.
with the security deposit as I have taken possession of the said premises from
Sri./Smt./Kumari _____ I hereby
agree to abide by the conditions of the agreement for the requisition entered into by
Sri./Smt./Kumari _____ with the Board.
I agree to execute agreement and L.T. requisition and abide by the conditions laid down
by the Board if required.


Signature of Transferee



CSC No :

Date :

Southern Power Distribution Company of T.S. Ltd.

Customer Service Center

COMPLAINTS

SC No.

1. Name and Address of Consumer with Telephone No. : _____

2. Nature of complaint (Please tick the relevant Complaint) :

BILLING COMPLAINTS

CSC No :

- | | | |
|---|---|--|
| ☐ Additional Charges Dispute | ☐ Late Bill Receipt | ☐ Re-Billing Request |
| ☐ Arrears Dispute | ☐ Meter Reading Correction Request | ☐ Surcharge Dispute |
| ☐ Back Billing Dispute | ☐ Meter Reading Not Taken | ☐ Report of Theft / Malpractice |
| ☐ Bill Correction Request | ☐ Name Correction | ☐ Wrong Billing Request |
| ☐ Door Locked Cases | ☐ On Demand Bill Request | |

O & M COMPLAINTS

CSC No :

- | | | |
|--|---|--|
| ☐ Line Bunched / Twisted | ☐ Supply Failed - 1 Phase Out | ☐ Voltage Low |
| ☐ Line - Tree branches Touching | ☐ Supply Failed - Individual | ☐ Meter Running Slow / Sluggish |
| ☐ Pole Fell Down | ☐ Transformer - Cable / Lugs Burnt | ☐ Meter Running Fast |
| ☐ Pole Leaning | ☐ Transformer - Oil Leaking | ☐ Meter Struck Up |
| ☐ Pole Rusted / Damaged | ☐ Transformer - Smoke / Flames | ☐ Other Meter Defects |
| ☐ Pole Shock | ☐ Transformer - Sparking at Pole | ☐ Shifting of Meter |
| ☐ SC - Wire Broken | ☐ Voltage High | ☐ Street Light Complaint |
| ☐ SC - Wire Loose Connection | ☐ Voltage Fluctuation | |

APPLICATION ON OTHER CUSTOMER SERVICES

CSC No :

- | | | |
|--|--|--|
| ☐ Additional Load Complaint | ☐ DTR Shift | ☐ Shifting of Service / Meter |
| ☐ Address Correction | ☐ Line Shift | ☐ Title Transfer |
| ☐ Category Change | ☐ Requirement of Additional Poles | ☐ Dismantle of Service |

CONSUMER STATEMENT


Signature of Consumer

RECORD OF THE APPLICATION

- | | |
|--|---|
| 1. Sent to AE / Operation on _____ | 5. Informed to Consumer for Payment _____ |
| 2. Received from AE / Operation on _____ | 6. Payment Received _____ |
| 3. Sent to AAO / ERO on _____ | 7. Sent to AE / OP _____ |
| 4. Received from AAO / ERO _____ | 8. Work completed on Date _____ |