

Customer Registration Form

Please Attach 1. Passport Copy (With Residence Visa Page for Expatriates) / Trade License 2. Tenancy Contract 3. Sale Deed / Sale Agreement
Power of Attorney or Authorisation letter is required from a representative of the company / individual.

Please note, all data highlighted in yellow are mandatory.

Initial Registration (for first time applicants) <input type="checkbox"/>		Information Update <input type="checkbox"/>	
Type of Customer	Company <input type="checkbox"/>	Individual <input type="checkbox"/>	
DEWA Consumer No.			
Building No.		Unit No. / Villa No.	
Building Name		Phase / Sector	
Purpose of Usage	Residential <input type="checkbox"/>	Commercial <input type="checkbox"/>	Leisure <input type="checkbox"/>
	Retail <input type="checkbox"/>	Hospital / Clinic <input type="checkbox"/>	Theme Park <input type="checkbox"/>
	Hotel <input type="checkbox"/>	Institute / College <input type="checkbox"/>	Warehouse <input type="checkbox"/>
	Other <input type="checkbox"/> Specify		
Applicant Details	Owner <input type="checkbox"/>	Tenant <input type="checkbox"/>	
Complete Section A for Private/Individual Registration OR Section B for Company/Commercial Registration			
Section A - Private/Individual Registration			
Title (Mr. Ms. Dr. etc)	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of Birth (dd/mm/yy)			
First Name :	Second Name :	Last Name :	
Nationality :	Occupation	Company Name	
ID Type	Passport <input type="checkbox"/>	National ID <input type="checkbox"/>	ID Expiry Date (dd/mm/yy)
ID Number			
Visa Info for Expatriates only (Visa Type)	Visa Expiry Date (dd/mm/yy)	Visa Number	
Section B - Company/Commercial Registration			
Company Name			
Trade License No.	Trade License Expiry Date (dd/mm/yy)		
Section C - Contact Details			
Tenancy Contract Start Date (dd/mm/yy)	Tenancy Contract End Date (dd/mm/yy)		
Address (Dept / Section etc)			
P.O.Box	Emirate	Mobile No. 1	
Tel No. (Office)	Tel No. (Residence)	Mobile No. 2	
Email Address			
Section D - Local Billing Address (if different from the above address)			
Contact Name			
Address			
P.O.Box	Emirate		
Section E - Permanent Address			
Contact Name			
Address			
Country	Contact Tel No.		
Local Contact Address (if customer resides outside UAE)			
P.O.Box	Emirate	Contact Tel No.	
Section F - Mode of Payment (If preferred mode of payment is Auto debit or Credit card, please obtain and fill the relevant authorisation form)			
Preferred Mode of Payment	Auto debit from bank account	Credit Card	Other <input type="checkbox"/> Specify
I / We warrant that all the information provided herein is true and correct and understand that false and misleading information shall be a cause for termination of this Agreement.			
Authorized Signatory / Customer	Name	Signature	Date
For Empower use only			
Empower Consumer No			
Billing Scheme <input type="checkbox"/>	Customer ID		
Linked to Unit in System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Start Service Updated in System
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Check from system & update			
End Date for Previous Customer	Date :	Deposit Amount	
Start Date for New Customer	Date :	Reconnection Charges	
Receipt No.		Receipt Date	
Verified & Updated By : Front-Office Executive		Approved By Billing Section:	