



NEVIS ELECTRICITY COMPANY LIMITED

P. O Box 852, Main Street, Charlestown, Nevis, West Indies Tel: (869) 469-7243/7245

NAME/ADDRESS CHANGE FORM

This form **MUST BE COMPLETED BY THE LANDLORD/OWNER OF THE PREMISES** in order for NEVLEC to create an account in the name of the new occupier of the premises. **A STATE ID WILL BE REQUIRED TO MAKE THE CHANGES.** Any **INCOMPLETE FORMS** will **NOT** be accepted.

ACCOUNT NUMBER _____ METER NUMBER _____

PRESENT ACCOUNT NAME _____

PRESENT LOCATION ADDRESS _____

PRESENT BILLING ADDRESS _____

DATE LEFT PREMISES ____/____/____
mm dd yr

SIGNATURE _____ DATE _____

Please select and enter the information to be changed below.

NEW ACCOUNT NAME _____

NEW LOCATION ADDRESS _____

NEW BILLING ADDRESS _____

DATE NEW TENANT MOVED IN ____/____/____
mm dd yr

TEL # _____ (Work) _____ (Home) _____ (Cell)

ID# _____ Date of Birth: _____

SIGNATURE _____ DATE _____



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NAME OF LANDLORD/OWNER/AGENT _____

ADDRESS _____

TEL # _____ (Work) _____ (Home) _____ (Cell)

SIGNATURE _____ **DATE** _____

FOR OFFICIAL USE

DATE RECEIVED _____

NAME OF CUSTOMER SERVICE REPRESENTATIVE _____

SIGNATURE CUSTOMER SERVICE REP. _____

CHANGE APPROVED BY _____
SUPERVISOR/MANAGER

DATE CHANGED _____ CHANGED BY _____

SIGNATURE _____