

Contract Account Details

Name of Applicant	: PROTT SDN. BHD. <small>(*The Consumer*)</small>
Authorised Person	: CHOO JIA HAO <small>(Authorised person for the application of electricity supply)</small>
Address of Premises	: LOT 386, JALAN PERUSAHAAN VALDOR, KAWASAN PERINDUSTRIAN VALDOR 14200 SUNGAI JAWI, PULAU PINANG

MAXIMUM DEMAND DECLARATION FOR CONNECTED LOAD CHARGE (CLC)

Customer has to declare Maximum Demand (MD) in staggered for year 1 until year 4 **once** upon supply application for determination of Reference MD for CLC . Final declared MD (based on Connection Charge paid) during supply application will be used to determine Reference MD for CLC for year 5 and year 6 of CLC.

MAXIMUM DEMAND (MD) DETAILS

Final Maximum Demand Declared : 3153.000 kW

Connected Load Charge Table:

Year	Staggered MD, kW	Reference MD for CLC, kW	
Year 1	0.00	0.00	85% x [Declared Staggered MD or Highest Recorded MD, whichever is higher]
Year 2	0.00	0.00	
Year 3	0.00	0.00	
Year 4	0.00	0.00	
Year	Final MD, kW	Reference MD for CLC, kW	
Year 5	3153.00	2364.75	75% x [Declared Final MD or Highest Recorded MD, whichever is higher]
Year 6	3153.00	2364.75	

*Minimum MD to be achieved to avoid CLC penalty

APPLICANT'S DECLARATION

I / We hereby acknowledge that all information given are true and agree with the CLC terms as below:

1. CLC is applicable when the actual MD recorded on any month is less than Reference MD. CLC rate of RM8.50/kW will be charged for every kW shortfall between the MD recorded compared to the Reference MD and subjected to prevailing changes from time to time.
2. If actual MD recorded is higher than MD declared (Highest Recorded MD, HMD), the HMD will replace the MD declared for the year and following year (compared with the MD declared, whichever higher). Reference MD will be revised using the new MD declared starting from the next billing cycle.
3. Any request to redeclare lower MD either staggered MD or final MD after supply connected, consumer will be subjected to an additional charges as per current policy.

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Applicant's Signature / Company Stamp
(whichever applicable)

Name of Applicant:
(signing for the company)

Date:

Designation:

Mobile No:

MyKad No: