



**SOLOMON ISLANDS ELECTRICITY AUTHORITY T/A
SOLOMON POWER**

Regulatory Unit
P.O.BOX R6, Honiara
Phone: 39422

*This form must be completed and delivered to the SIEA T/A Solomon Power head office at Ranadi.

Note: Incomplete form will **not** be accepted.

Under regulation 59[Electricity Act Cap 128], paragraph (1) The holder of a contractor’s or electrician’s licence shall forward the licence to the Authority within fourteen days of the occurrence of any of the following events-

Type of change: Address of licence holder. Name of licence holder. Change in membership. Company name
[Please tick the applicable box]

DETAILS OF PERSON MAKING THE APPLICATION

Current Address [Print names in block letter]

Title: Mr. Mrs. Ms. Miss. Other (specify).

Print Surname:

Print Given Name:

Direct Contact Phone Number:

Facsimile:

Direct Contact email:

Mobile Phone:

Existing Contractor Licence Name:

Expiry Date: / /

Licence Number:

Entity details

Company Name:

Registration Number:

New Business Address:(if same as above, write "as above")

New Business Contact

Business Address:

Phone:

Mobile No.

Facsimile:

Email:

Current Grade 'A' Licence holder or Electrical contractor.

Name:

Expiry Date:

Electrical Licence Number:

Nominee Signature:

Date:/...../.....

New 'A' Grade nominee details

Name:

Electrical Licence Number:

Nominee Signature: Date:/...../.....

APPLICANT DECLARATION

I/Weof

Do declare that the information stated above are true and correct to the best of my knowledge.

Signature: Date:/...../.....