



Caribbean Utilities Company, Ltd.  
Customer Service Department  
P.O. Box 38, Grand Cayman KY1-1101  
Tel: (345) 949-5200, Fax: (345) 945-1218  
E-mail: service@cuc.ky, Website: www.cuc-cayman.ky

# Application for Electrical Service

## Individual

When applying for electrical service, please included the following:

- Completed Application Form (Ensuring that all sections are filled in correctly with the proper service address)
- Valid Lease Agreement or Land Registry
- Copy of Valid Photo Identification (Driver's License, Passport or Voter's Identification)
- Security Deposit (CUC will assess the monthly usage based on electrical equipment installed and will charge a deposit based on 45 days estimated usage of the property to be occupied.

Note: Prior to applying for 'New Service' that has been disconnected for longer than six (6) months, please ensure that all approvals for connection have been provided to CUC by the Cayman Islands Government Planning Department. **Service connections are normally completed in four (4) to six (6) working days, but may vary.**

**In some cases, charges may be applied for contribution in aid of construction (CIAC), please see our terms of service for details**

Date service required (2 working days' notice is required for transfer of existing service):

If you are a previous or existing customer, please state Customer Account Number[s]:

### Account Name

Surname:		First Name:		Middle Initial:	
Maiden Name (if applicable):					
Date of Birth (Month/Day/Year): Used to assist with distinguishing between Account Holders with the same name.					
<input type="checkbox"/> Owner		<input type="checkbox"/> Tenant			
P.O. Box:			Post Code:		
City:			State:		
Telephone[Primary mobile]:		[Secondary Mobile]:		[Home]:	
Name of Employer:			Work Telephone:		
Identification Type: <input type="checkbox"/> Passport <input type="checkbox"/> Driver License <input type="checkbox"/> Voter ID			I.D. Number:		Country of Issue:
Primary E-mail:			Secondary E-mail:		

### Property Management Information

Company Name (if Applicable):	
Name of Contact Person:	
Company should receive: <input type="checkbox"/> All bills <input type="checkbox"/> Copy of bills	
P.O. Box	Postal Code
Telephone [Mobile]:	[Office]
E-mail:	Effective date of Representation:

**Service Requirements**

Physical street address where service is required: Building/House No.:		Apartment No.:
Street Name:		District:
Address where service is required [only if exact street address has not been issued by Government Planning Department]:		
Registration section:	Block:	Parcel:
Type of Request:	<input type="checkbox"/> New Service	<input type="checkbox"/> Temporary Supply
		<input type="checkbox"/> Reconnection of Service
Type of Service:	<input type="checkbox"/> Apartment	<input type="checkbox"/> House
	<input type="checkbox"/> Condo	<input type="checkbox"/> Duplex
		<input type="checkbox"/> Farming
Number of bedrooms:	Living Sq. Footage:	Total Sq. Footage:
Would you prefer to receive bills via e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(No paper bills are mailed with selection of this option)		
If you are a tenant, state landlords name and telephone number:		

**Declaration & Agreement**

The undersigned declares that the information provided on this application is true and accurate and understands that any false declarations may result in reassessment of deposit and/or disconnection of service. In case of a corporate application, the undersigned confirms that I am a duly authorized officer of the company and have the authority to apply for electricity service.

Having agreed to pay/transfer a deposit to Caribbean Utilities Company, Lt. [CUC], the undersigned hereby applies for service in accordance with the current Schedule of Rates, the [Terms of Service](#) and other terms and conditions of supply being from time to time in force regulating the use and supply of electricity which are on file with CUC, or any effective superseding schedule governing this class of service. The undersigned understands and agrees to the terms herein and acknowledges and agrees to the right of CUC to require security deposits or advance payments where these are deemed appropriate or necessary by CUC. In the case that CUC requests such a deposit, the undersigned agrees to pay the same to CUC forthwith upon demand.

It is further agreed that should CUC or the undersigned terminate this service, the undersigned will be liable for all unpaid amounts and authorize CUC to transfer any outstanding amounts of any of the undersigned's active CUC accounts.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance by CUC**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Please Note: All Account Holders are required to notify CUC in writing to request termination of Service.