



**MAXIMUM DEMAND DECLARATION FOR CONNECTED LOAD CHARGE  
(NEW CONNECTION, MOVE IN EXISTING PREMISE &  
SUPPLY UPGRADE FROM LOW VOLTAGE TO MEDIUM VOLTAGE)**

For Office Use :  
CA No.: \_\_\_\_\_  
SR No.: \_\_\_\_\_

**Contract Account Details**

**Name of Applicant** : \_\_\_\_\_  
(The Consumer)

**Authorised Person** : \_\_\_\_\_  
(Authorised person for the application of electricity supply)

**Address of Premises** : \_\_\_\_\_  
\_\_\_\_\_

**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 CLC for year 5 and year 6 of CLC.

**MAXIMUM DEMAND (MD) DETAILS**

Maximum Demand Declared : \_\_\_\_\_ kW

Connected Load Charge Table:

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

\*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 recorded MD is higher than declared MD (Highest Recorded MD, HMD), the HMD will replace the declared MD for the year and following year (compared with the MD declared, whichever higher). Reference MD will be revised using the new 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.

\_\_\_\_\_  
Applicant's Signature / Company Stamp  
(whichever applicable)

Name of Applicant : \_\_\_\_\_  
(Signing for the company)

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

Designation : \_\_\_\_\_

Mobile No: \_\_\_\_\_

MyKad No: \_\_\_\_\_

\_\_\_\_\_