

REVISION OF COLLATERAL DEPOSIT	
Account Holder Name Company Registration No	
Applicant's Name Applicant's Address	
Premises Type For CT Meters Main Switchboard Rati Overcurrent Setting	ng
Current Tariff Contract Account Number Request Date	
We are a charitable/non-profit organisation.	
DECLARATION BY APPLICANT	
1) I/We am/are a consumer for over 12 months and there is no outstanding in my account for the last 12 months; 2) I/We hereby request for a reduction of collateral deposit subjected to Syarikat SESCO Berhad approval. I/We understand that only the registered account holder may apply. The details of the account as stated under Customer Account Information; 3) I/We declare that the details provided are correct and that I/we will abide by the regulations of your Company by, inter alia, paying the required amount for any revision of collateral deposit; 4) I/We understand that the Collateral Deposit may be subject to revision should the consumption increase markedly in the next few months or should there be any default in payment on the monthly consumption bill. Signature of Applicant/Owner Company Stamp/Seal Name: NRIC Number: Mobile Number: Office Number:	
FOR OFFICE USE ONLY	
Current CD Min CD for premise type Highest bill within 12 months	80% of minimum CD 3x higher billed amount Higher amount for reduced CD
Payment received in full before due date within 12 months Yes No	
Above values verified by Approved CD amount (RM) CD applicable on Confirmed by	