

TELEPHONE : 306547
TELEGRAMS: MERAPE
FAX: 306535
REFERENCE:



REPUBLIC OF BOTSWANA

DEPARTMENT OF HOUSING
PRIVATE BAG 00138
GABORONE
BOTSWANA

BOTSWANA POWER CORPORATION

P O BOX 48

GABORONE

Dear Sir/Madam

RE: DISCONNECTION OF ELECTRICAL UTILITY SERVICES

HOUSE/FLAT NO: _____ GABORONE

Reference is made to the above.

**This is to certify that Mr/Mrs/Ms _____ occupying the above unit
has filled application form for electrical disconnection and paid final bills
on _____.**

Certified by:.....

Signature:.....

Date stamp: