

Renewable Energy Feed-in Tariff (FiT) –
Consent Form for Electrical Installation Works

(Applicable to Village Houses / Small Houses in New Territories)

Name of Applicant*	(English)	(中文)
CLP Electricity Supply Account Number		
Generation Capacity under this application (kW)	kW	
Installation Location of renewable energy system [#]		

* Applicant should be the holder of a CLP electricity supply account.

[#] Installation location should be at the supply address registered under the CLP electricity supply account number provided.

To CLP Power Hong Kong Limited (“CLP”),

To be completed by Property Owner of each floor

I/ We give our consent to the Applicant to carry out all electrical installation works required for the purposes of installing a renewable energy system at the Installation Location specified above and participating in CLP FiT Scheme.
I/ We understand some or all of those electrical installation works will be carried out or installed on the portion of the address of village house:

_____ owned by me / us.

In addition, we hereby grant CLP and its employees, agents and contractors (“CLP personnel”) safe and unrestricted access at all times to, and allow all CLP personnel to check and carry out necessary works on, the renewable energy system, the equipment connecting the renewable energy system to CLP power network and the meter (together with all ancillary facilities) for determining the amount of electricity generated by the renewable energy system.

Ground Floor Property Owner:

Name: _____ Signature: _____

Contact Number: _____ Date: _____

First Floor Property Owner:

Name: _____ Signature: _____

Contact Number: _____ Date: _____

Second Floor Property Owner:

Name: _____ Signature: _____

Contact Number: _____ Date: _____

To be completed by Applicant

I agree to, before connection of the renewable energy system to CLP’s power network, alter the electrical circuit of Rooftop/ Garden Yard ^ such that electricity of Rooftop/ Garden Yard^ will be supplied by a distribution box located at supply address for participating in the CLP FiT Scheme.

Name of Applicant: _____ Signature: _____

Contact Number: _____ Date: _____

^ Delete as appropriate