Erongo Regional Electricity Distributor Company (Pty) Ltd
Reg. No. 2004/074
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Walvis Bay
Namibia

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support@erongored.com.na
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This application form applies ONLY where the applicant is an Erongo RED Customer

This form must be completed by the applicant and lodged with Erongo RED at least thirty (30) days prior to billing of first electricity account to which the rebate will apply. Please refer to the information brochure before completing this appliation. Further assistance is available from Erongo RED Staff

SOCIAL TARIFF 2026/2027

PENSIONER & DISABILITY APPLICATION FORM

(Please tick √ appropriate box)

☐ **New Registration** ☐ **Re-Registration** **2026/2027**

PENSIONER / DISABLED PERSON'S DETAILS

Name :	**PRE-PAID METER NO:**	
Surname:	**CONVENTIONAL ACCOUNT NO:**	
I.D Number :	**CONVENTIONAL METER NO:**	

Contact Number: **ERF No:**

Postal Address: **E-mail Address:**

I am a recipient of one of the following: (Please tick √ appropriate box)

MONTHLY PENSION (GOVERNMENT OR PRIVATE) ☐

DISABILITY GRANT ☐

Alternatively I am in possession of an:

ID DOCUMENT SHOWING AGE 60 OR MORE ☐

PENSIONER / DISABLED PERSON'S DWELLING INFORMATION **(Please tick √ the box that apply to your circumstances)**

I LIVE:

☐ **Alone**

☐ **With Spouse and /or other people that are solely dependent on me**

☐ **With other people who receives a pension and /or disability grant**

☐ **With people who provide care and assistance , and who DO NOT pay my rent**

☐ **With anyone else that is not mentioned above. Please specify:**

DECLARATION

1. I advise that the above address is my principal place of residence for which the rebate is claimed by me and the above electricity account is solely or jointly in my name and/or for which I have a lease agreement in my name.
2. I will notify Erongo RED immediately of any change in my circumstances , which may affect my eligibility for the rebate.
3. I Consent Erongo RED to confirm my Eligibility with the Ministry of Labour and Social Welfare , Ministry of Health and Social Services.
4. I declare that all the information that I have given is true and correct
5. Erongo RED is hereby authorised to reverse any electricity benefits acrued to me, the moment that Erongo RED finds out that my situation and connection no longer complies with the conditions under which these benefits were granted.
6. Erongo RED reserve all rights to cancel this special Tariff at any time at its own discretion without any reason.

Signature of Applicant: …… **Date: ……**