

ENERGY COMMISSION OF SABAH

Level 10, Plaza Shell, 29, Jalan Tunku Abdul Rahman,

88000 Kota Kinabalu, Sabah.

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APPLICATION TO IMPORT ELECTRICAL EQUIPMENT FOR SPECIFIC PURPOSE

Please tick (√) in the relevant box & complete the Part A, B, C, D and E

PART A: PARTICULAR OF USER							
Purpose of Import:							
Name of User:							
Address of User:							
Place of Use:							
PART B: CONDITION OF EQUIPMENT							
New	Used Others:						
PART C: PORT OF ENTRY							
Place of Inspection:							
Reference Number:	Date:						
	(A copy of letter shows the equipment has been hold)						
PART D: PARTICUL	AR OF APPLICANT						
Name of Applicant	:						
Identity Card No.	:						
Address of Applicant	:						
Nationality	:						
Passport No.	:						
Contact No.	:						
Email Address							

PART E: LIST OF ELECTRICAL EQUIPMENT TO BE IMPORTED									
No.	Name of Equipment	Brand	Model / Type	Voltage	Cour equip	ntry where the oment bought	Unit	Tariff code	
Ideclare and understand that: 1									
PART F: FOR OFFICE USE CHECKED BY:		VERIFIED E	VERIFIED BY:			APPROVED BY:			
Date:		Date:	Date:			Date:			
COMMENTS:									

Date: 18 Jan 2024

DECLARATION LETTER

Name of Equipment / Apparatus / Electricity Accessories: (as listed in Form UKKE-1, Part E)

I/We as per above name and address acknowledge the risk of the usage of electrical appliance / accessory / portable apparatus that consume electrical power up to 1 kV (LV) can cause the accident as follows:

- 1. Explode
- 2. Fire
- 3. The ability of the insulation cannot be guaranteed for the protection of higher voltage and this can cause short circuit or electrical shock.
- 4. Risk of harm to the use of transformer is higher if not familiar with how to use and does not have the knowledge computing capability / capacity of the load that can be carried out by the transformer.
- 5. Hazard of using transformers (transformer) is higher for families and children.
- 6. Any other hazards arise from the usage of electrical appliance / accessory / portable apparatus.

I will be fully responsible if any risk occurred due to the above electrical equipment / accessories / apparatus as stated in this form and I will not do any claim to Energy Commission of Sabah.

Name	:	Name of witness	:
Identity card no.	:	Identity card no.	:
Address	:	Address	:
Signature	:	Signature	:
Date	:	Date	:

(w.r.t. ECoS/JKP/UKKE-2) Date: 18 Jan 2024