FORM NEM – TECHNICAL STUDY APPLICATION

**PART 1: INFORMATION**

- Customers may not operate their Solar Photovoltaic (PV) system while interconnected to the DL Distribution System until they receive written permission from the Authority.
- For solar PV system more than 72kW customer need to apply for generating license from Suruhanjaya Tenaga (ST).

**PART 2: CONSUMER INFORMATION – to be filled by the Registered Customer**

<table>
<thead>
<tr>
<th>Applicant Name: ____________________</th>
<th>IC/ROC Number: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity Bill account number: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

I hereby authorize the Competent Person as described in PART 3 to act on my behalf to manage my NEM application.

| Signature: ____________________ | Date: ____________________ |

**PART 3: COMPETENT PERSON (SERVICE PROVIDER/CONTRACTOR) DETAILS**

<table>
<thead>
<tr>
<th>Name: ____________________</th>
<th>Company ROC No.: ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number: ____________________</td>
<td>E-mail address: ____________________</td>
</tr>
<tr>
<td>Mailing Address: ____________________</td>
<td></td>
</tr>
</tbody>
</table>

**PART 4: CONSUMER INFORMATION**

Installation Address: ____________________

<table>
<thead>
<tr>
<th>Is the applicant an existing FIAH?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, please provide the existing solar capacity installed(kW): ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Voltage at point of common coupling: 
- Low Voltage (230V/400V) 
- Medium Voltage (11kV/33kV) @TNB meter

TNB Substation name: ____________________

If Medium Voltage connected customer: Maximum Demand ____________________ kW
If Low Voltage connected customer: Fuse Rating: _________(Amps) or CT rating: ____________________

Reasons for installing NEM:
- Reduce electricity bill
- Reduce Green House effect
- Peak Shaving
- Other reasons: ____________________

**PART 5: TECHNICAL SELF ASSESSMENT**

a) Installed NEM PV Capacity _________ in kWp, b) ____________________ in kWac

c) Estimated Monthly Generation: _________kWh

d) Distributed Annual Availability Data (DAA): _________kWh

e) Expected Date of Commissioning of NEM solar system: _________(dd/mm/yyyy)

f) Installation of Battery Energy Storage System: Yes No

- If yes, Battery capacity _________ kW

- Battery Manufacturer: ____________________

Information below is only for generation capacity >12kW. Competent Person shall fill in and attach the Load Profile (LP) Form.

<table>
<thead>
<tr>
<th>Daytime Peak Demand (11am to 3pm) _________ kW (Friday to Monday)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daytime Lowest Demand _________ kW i) Export during daytime peak (b-g) _________ kWac</td>
</tr>
<tr>
<td>Export during daytime lowest (b-h) _________ kWac</td>
</tr>
</tbody>
</table>


PART 6: PHOTOVOLTAIC (PV) INSTALLATION INFORMATION

a) PV Module
   i) Type:  Monocrystalline ☐  Polycrystalline ☐  Thin Film ☐  Others:_______________
   ii) Manufacturer ________________________________

b) PV Inverter
   i) Number of inverter installed __________________________
   ii) Type:  Single Phase ☐  Three Phase ☐
   iii) Manufacturer ________________________________
   iv) Power Factor: ☐ __________ lagging  ☐ ______________ leading  ☐ unity

PART 7: CHECKLIST OF DOCUMENTS REQUIRED

i. Single line diagram with Solar PV schematic (endorsed by Competent Person)
ii. Photo of existing DL meter and service line
iii. 4 days Load profiling (Friday to Monday for capacity >12kW) Form LP
iv. A copy of electricity bill (latest)
v. CD (contains) all of the above documents saved under 1 pdf file <3MB

PART 8: DECLARATION

By signing this form, I declare that:

- I am representing the owner of the premise and the information furnished above is true to my knowledge and belief.
- I confirm that the solar PV system design comply to the standards (IEEE 1547, IEC 61727, MS 1837, NEM Technical Guideline) and the inverter (s) used are as per approved lists.
- I also verify that the site condition is fit for installation of the solar PV system as per applicable regulations.

Signature: ___________________________  Competent Person stamp: ___________________________

Name: ___________________________

Date: ___________________________

PART 9: FOR OFFICE USE