

APPLICATION FORM FOR DISTRICT COOLING SERVICE

Consultants Name:

Owners Name:

Applicants Name:

Contact Person Name:

Po Box:

Po Box:

Tel:

Tel:

Fax:

Fax:

Mobile:

Mobile:

Email:

Email:

PROJECT INFORMATION

Project Name:

Project Location:

i.e. DHCC, Business Bay....etc

Plot No:

Description of the Project

☐ Commercial / Offices

☐ Residence

DM Design Heat Load (TR)

Required Cooling Load

Building Completion Date

Required Delivery Date