

USER INVESTIGATION FORM

— Off-grid Solar System —

• Customer Name _____ • Contact Person _____

• Address _____ • Contact Information _____

NO.	REQUIRED ITEMS	INFORMATION PROVIDED BY CUSTOMER							
1	Installation country								
	Detailed address								
2	Installation surface	<input type="checkbox"/> Tiled roof				<input type="checkbox"/> Flat cement roof			
		<input type="checkbox"/> Ground				<input type="checkbox"/> Others_____			
3	Sizes or drawing of installation surface	<input type="checkbox"/> Yes(attached drawing/picture)				<input type="checkbox"/> No			
4	Name of main electric appliances								
	Power (W)								
	Voltage (V)								
	Daily working hours (H)								
	Daily power consumption (WH)								
5	Continuous working days	<input type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input type="checkbox"/> 3D	<input type="checkbox"/> Others_____				
6	Access to the grid	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Grid Frequency (Hz)		<input type="checkbox"/> 50	<input type="checkbox"/> 60	<input type="checkbox"/> Others_____	
7	Grid voltage (VAC)	<input type="checkbox"/> 220	<input type="checkbox"/> 110	<input type="checkbox"/> Others_____					
8	Grid power supply situation (power failure cycle)								
9	Other requirements								