
Date [YYYY-MM-DD]

Trinidad and Tobago Electricity Commission

#63 Frederick Street

Port-of Spain

Subject: Authorisation Letter – Payment of Damaged Appliance/Equipment Claim

Claim Number	
Date of incident [YYYY-MM-DD]	
Address of Incident	

Please make any payment associated with the above Damaged Appliance/Equipment claim to the following:

Name of Payee [FIRST NAME LAST NAME]	
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Yours faithfully,

For Individuals:

For Companies/Organisations:

Account Owner's Signature

Authorised Signatory

Account Owner's Full Name

Full Name and Position Title

I.D /D.P / Passport Number

Copy of document must be submitted

I.D /D.P / Passport Number

Copy of document must be submitted

Company/Organisation Stamp

N.B.: If the electricity account owner is a company/organisation, this Authorisation Letter must be on the company/organisation's letterhead and bear the stamp/seal. The person signing this authorisation on behalf of the company/organisation must state their full name and position title.

Please refer to the [Frequently Asked Questions \(FAQS\)](#) for more information.