



SUNSMART SOLAR POWER TECHNOLOGY INC.

20th Floor Zuellig Building Makati Ave. cor. Paseo De Roxas Ave. Makati City, Philippines 1226
Telephone: +632 465 9270 | Fax: +632 465 9201

SUNSMART TECH & SUPPORT GROUP **Solar System Solution Questionnaire for End-Users**

Purpose: The following details herein must be supplied by the client to determine the right solar system they need.

A. CLIENT INFORMATION

Complete Name: Last Name _____ First Name _____ Middle Name _____

Contact Numbers: Landline _____ Mobile _____ E-mail Address: _____

B. BASIC QUESTIONS

1. What type of premise you have? House/ School/ Clinic/ Salon/ Office / WaterStation/ Resort/ Others _____

2. Which category does your premise fall?

Check/Mark from the following: a. Residential ___ Commercial ___ Industrial ___ Agricultural ___

b. Private ___ Government _____

c. Lease ___ Owned _____

3. What type of AC Phase Power Supply your premise have? Single Phase _____ Three Phase _____

4. What is your required input voltage? 110V _____ 220V _____ 380V _____

5. What is your derived unit of frequency? 50Hz _____ 60Hz _____ Others _____

6. Where do you intend to install the solar panels? Roof _____ Ground _____

7. What type of rooftop your premise have? a. Vented _____ Flat _____

b. Tiled _____ Corrugated _____ Others _____

8. How much is your electricity bill per month? _____

9. Do you use electricity more on Day or at Night? _____

a. Every when is your peak load if using more During the Day? (Ex. 7am to 10am) _____

b. Every when is your peak load if using more During the Night? (Ex. 7pm to 9pm) _____

10. Does your area experience frequent brownout? _____ If Yes, How many times a week? _____

Incomplete details and attachments required will not be given recommendation and quotation. Thank you for your time and cooperation.



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11. Do you prefer to have batteries for your solar system?

YES, it's a must _____ NO, PV Panels are enough _____

12. If the answer from no. 11 is YES, please list down the electrical appliances you intend to run longer during Nighttime. For Air-conditioners, Refrigerators/ Freezers, identify if inverter or non- inverter. And for all other heavier equipment, identify the wattages of each equipment.

Appliance / Equipment	How many Units	Inverter (I) or Non Inverter (N.I.)	Wattage	Using more at Day	Using more at Night	Other Remarks

13. Do you have an existing diesel generator? _____

14. If the answer on no. 13 is YES, kindly provide the following:

Brand Name _____ How many kVA _____ Diesel or Gas _____ Date Purchased _____

15. What is the main purpose of going Solar? _____

16. How much is your target budget to invest into a solar system? _____

C. OTHER REFERENCES

17. Attach a copy of Electric Bill

18. Attach a copy of the Rooftop or Ground Photo as where solar panels will be installed

19. Specify COMPLETE Address of Site Location

D. CLIENT CONFIRMATION

20. I hereby declare that all above information are true and correct and will serve as the proper basis of recommendation for SUNSMART Solar Power Technology Inc. to provide me the right solar system and price quotation required for my premise.

Client Name, Signature and Date

AGENT / REFERROR