

Interested in an offer for:

Off-Grid Solar container units incl. O&M

On-Grid Solar container units incl. O&M

Personal Details	
Company name: _____	Phone: _____
Address: _____	Cell: _____
Country: _____	E-Mail: _____

Please answer the following questions as precisely as possible and tick the appropriate box!

Project location		
Address: _____		
Coordinates: _____		
Solar container units:	Pcs.:	Pcs.:
<input type="checkbox"/> 6ft Container	_____	<input type="checkbox"/> 10ft Container
<input type="checkbox"/> 20ft Container	_____	<input type="checkbox"/> 40ft Container
<input type="checkbox"/> Other: _____		
Information on energy demand - 230V		
Consumer device	Pcs. per unit	Power consumption in Watt per pc.
Type: _____	_____	_____
Hours of operation		
Time 00:00 01:00 02:00 03:00 04:00 05:00 06:00 07:00 08:00 09:00 10:00 11:00 12:00 13:00 14:00 15:00 16:00 17:00 18:00 19:00 20:00 21:00 22:00 23:00		
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Consumer device	Pcs. per unit	Power consumption in Watt per pc.
Type: _____	_____	_____
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Consumer device	Pcs. per unit	Power consumption in Watt per pc.
Type: _____	_____	_____
Hours of operation		
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Type: _____	_____	_____
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Information on energy demand - 230V																									
Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer device	Pcs. per unit	Power consumption in Watt per pc.																							
Type: _____	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Please mark the required special equipment																									
Consumer device	Pcs. per unit	Litres per hour																							
<input type="checkbox"/> Water purifying unit	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer device	Pcs. per unit	Litres per hour																							
<input type="checkbox"/> Desalination system (salt water)	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer device	Pcs. per unit	Litres per hour	Discharge head	Wells inner diameter																					
<input type="checkbox"/> Water pump	_____	_____	_____	_____ mm																					
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Consumer device	Pcs. per unit	Capacity in litres per compartment	Number of compartments																						
<input type="checkbox"/> Refrigeration unit	_____	_____	_____																						
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Consumer device	Pcs. per unit	Data volume in GB per Month																							
Internet (Wifi Hotspot)	_____	_____																							
Hours of operation																									
Time	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	
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Optional features																									
<input type="checkbox"/> Cloudfisher	<input type="checkbox"/> CCTV System	<input type="checkbox"/> Outdoor lighting																							
<input type="checkbox"/> Small wind turbine	<input type="checkbox"/> Rainwater collecting system	<input type="checkbox"/> Weather station																							
Additional information																									