



Application for Domestic Power Supply

APPLICANTS DETAILS:

Please complete clearly in black or blue biro, see reverse for instructions

Surname:			
First Name:			
Title:	Home Telephone:		
Business Telephone:	Fax:		
Email Address:	A30	Date of Birth:	

INSTALLATION ADDRESS: (Address where electricity is required)

Building Name:			
Unit/Flat Number:	House Number:		
Street Name:			
Suburb:			
City/Town:			

POSTAL DETAILS: (Address to send bill if different from the Installation Address)

Building Name/PO Box:			
Unit/Flat Number:	House Number:		
Street Name:			
Suburb:			
City/Town:			

ADDITIONAL INFORMATION

Date Electricity Required: If after next 24 hours Mobile Phone
 Password (for use with telephone transactions, minimum of 4 characters)

I, , of
 do hereby, solemnly and sincerely declare that the above information and statements contained herein are true and correct to the best of my knowledge.

Dated at , this day of , 2

Signature of Applicant: Signature of Witness:
 Name and Address of Witness: