

Notification of Installation/Removal of Life Support Equipment - Australian Capital Territory

REGISTRATION DETAILS

By completing this form you accept that Simply Energy and ActewAGL Distribution will share the relevant information about you and your supply address for the purposes of updating their records and registers. You also agree to inform Simply Energy and ActewAGL if the person for whom the Life Support Equipment is required vacates the supply address or no longer requires the Life Support Equipment. You also acknowledge that registering as a life support address does not guarantee supply and in particular your supply will still be subject to outages due to storms, accidents or other circumstances beyond ActewAGL and Simply Energy's control.

If uninterrupted electricity supply is essential, it is your responsibility, as the applicant, to make alternative arrangements for emergency situations.

Please indicate which type is in use at your address by ticking the appropriate box:

<input type="checkbox"/>	An oxygen concentrator;
<input type="checkbox"/>	An intermittent peritoneal dialysis machine;
<input type="checkbox"/>	A kidney dialysis machine;
<input type="checkbox"/>	A ventilator for life support;
<input type="checkbox"/>	Chronic positive airways pressure respirators;
<input type="checkbox"/>	Crigler najjar syndrome photo therapy equipment; or
<input type="checkbox"/>	Any other equipment that a registered medical practitioner certifies is required for a person residing at the customer's premises for life support.

REMOVAL OF LIFE SUPPORT EQUIPMENT

Please complete this section and the Name, Address & National Meter Identifier (NMI) sections above.

Note: A new notification form must be completed each time you register Life Support at a new supply address

I (full name)	
<input type="text"/>	
hereby certify that there is no longer a Life Support Equipment requirement for the address above.	
Reason for removal	
<input type="text"/>	
Signature	Date
<input type="text"/>	<input type="text"/>

ACCOUNT HOLDER DETAILS

Title	Account Holder First Name
<input type="text"/>	<input type="text"/>
Account Holder Surname	
<input type="text"/>	
Residential (Supply) Address	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>
Postal Address	
<input type="text"/>	
Suburb	Postcode
<input type="text"/>	<input type="text"/>
Home Telephone Number	
<input type="text"/>	
Work Telephone Number	
<input type="text"/>	
Mobile Number	
<input type="text"/>	
National Meter Identifier (NMI) - from bill	
<input type="text"/>	
Account ID	
<input type="text"/>	
Electricity Retailer	
SIMPLY ENERGY	
<i>I accept the conditions above and certify that the details provided are correct.</i>	
Account Holder Signature	Date
<input type="text"/>	<input type="text"/>

MEDICAL PRACTITIONER/HOSPITAL CERTIFICATION

I (doctor/medical practitioner)	
<input type="text"/>	
hereby certify a person residing at the above supply address requires the Life Support Equipment as indicated above.	
Signature Of Medical Practitioner	Date
<input type="text"/>	<input type="text"/>
Stamp Of Medical Practitioner	
<input type="text"/>	

Please send completed form to:

Simply Energy
P.O. Box 210, Balwyn VIC 3103
or Fax: 13 88 58
To contact ActewAGL Distribution, call 1300 768 810