

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

## REGISTRATION DETAILS

By completing and returning this form, you:

- will meet requirements under the National Energy Retail Rules
- accept that your personal information will be shared between Simply Energy and ActewAGL for the purposes of giving effect to your application for life support equipment
- 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
- acknowledge that Simply Energy or ActewAGL cannot guarantee electricity supply and that in particular your supply will still be subject to outages due to storms, accidents or other circumstances beyond the control of Simply Energy or ActewAGL.

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. |

## ENERGY SUPPLY DATE

Date the supply of energy is required for the purposes of the life support equipment

## ACCOUNT HOLDER DETAILS

|  |                           |
|--|---------------------------|
| Title  | Account Holder First Name |
| <input type="text"/>                                   | <input type="text"/>      |
| Account Holder Surname                                 |                           |
| <input type="text"/>                                   |                           |
| Supply address where Life Support equipment is located |                           |
| <input type="text"/>                                   |                           |
| Suburb   | Postcode                  |
| <input type="text"/>                                   | <input type="text"/>      |

## ACCOUNT HOLDER DETAILS CONTINUED

|   |                      |
|---|----------------------|
| 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) - this can be found in the 'Electricity Usage and Service Calculation' section of your bill |                      |
| <input type="text"/>  |                      |
| Account Number  |                      |
| <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"/>  |                      |
| <i>hereby certify a person residing at the above supply address requires the Life Support Equipment as indicated above.</i> |                      |
| 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 13 14 93.

If you no longer require Life Support equipment, please refer to the 'Removal of Life Support Equipment' section overleaf.

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## REMOVAL OF LIFE SUPPORT EQUIPMENT

If you no longer require Life Support equipment, please complete this section as well as the 'Account holder details' section of this form.

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

I (full name)

*hereby certify that there is no longer a Life Support Equipment requirement for the address above.*

Reason for removal

Signature

Date