



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 ENGIE and ActewAGL for the purposes of giving effect to your application for life support equipment
- agree to inform ENGIE 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 ENGIE 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 ENGIE 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:

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

Please specify:

Energy supply date

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

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Account holder details

Title

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Account Holder First Name

Account Holder Last Name

Supply address where Life Support equipment is located

Postal Address

Home Telephone Number

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Work Telephone Number

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Mobile Number

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National Meter Identifier (NMI) – this can be found in the 'Electricity Usage and Service Calculation' section of your bill

#	#	#	#	#	#	#	#	#	#	#
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Account Number

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Electricity Retailer

ENGIE

I accept the conditions above and certify that the details provided are correct.

Account Holder Signature

Date

D	D	M	M	Y	Y	Y	Y
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Medical Practitioner/Hospital certification

I (doctor/medical practitioner)

*hereby certify a person residing at the above supply address
requires the Life Support Equipment as indicated above.*

Signature Of Medical Practitioner

Date

D	D	M	M	Y	Y	Y	Y
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Stamp Of Medical Practitioner

Please send completed form to:

ENGIE

GPO Box 4408, Melbourne, VIC 3001

or Fax: 13 88 58

To contact Energex, call 13 12 53.

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

D	D	M	M	Y	Y	Y	Y
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