

Notification of Installation/Removal of Life Support Equipment South Australia

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 SA Power Networks for the purposes of giving effect to your application for life support equipment
- agree to inform ENGIE and SA Power Networks 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 SA Power Networks 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 SA Power Networks.

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

Account holder details
Title
Account Holder First Name
Account Holder Last Name
Account Holder Last Name
Supply address where Life Support equipment is located
Postal Address
Home Telephone Number
Work Telephone Number
Mobile Number
National Meter Identifier (NMI) – this can be found in the
'Electricity Usage and Service Calculation' section of your bill
Account Number
Flortvicity Datailor
Electricity Retailer ENGIE
I accept the conditions above and certify that the details provided
are correct. Account Holder Signature
Date



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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 M M Y Y Y Y
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