Add authorised person to account



Save time, fill out this form online at **jacanaenergy.com.au/forms**

Use this form to add an authorised person on to your Jacana Energy account.

There are two levels of authority available:

Enquiry only: Can make changes to the account but is not responsible for the account - fill in sections 1 and 2

Financially responsible: has full access to the account and is jointly responsible for payments on the accounts - fill in sections 1 and 3

For more information about additional authorities please visit www.jacanaenergy.com.au/authority

How to complete and submit this form

Please fill in using block letters and ensure details are completed in full and email to customercare@jacanaenergy.com.au or return to Jacana Energy, GPO Box 1785, Darwin NT 0801.

For any questions relating to this form please call 1800 JACANA (1800 522 262)

1. Account holders details		
Account number (found on your bill)		
First name	Last name	
Date of birth Phone		
Service address	State	Postcode
2. Enquiry only		
First name	Last name	Date of birth
Phone number	Email Address (if you have one)	
Signature of account holder		
Full name	Signature	Date
		/ /
	rmation in accordance with our Privacy Policy available at bility to inform the person listed above that their personal i	nformation has been

3. Financially responsible		
First name	Last name	Date of birth
Phone number	Email address	
Form of identification (e.g. DL, passport)	ldentification number	State of issue Expiry date
		/ /
By submitting this application, we:		
Accept the standard terms and conditions appli www.jacanaenergy.com.au/contract. Consent to Jacana Energy's use, holding and discredit reporting policies, available at www.jacan information to and how this could affect your concertion and make a complaint. Consent to being contacted by Jacana Energy a how you can opt out of receiving direct marketing.	sclosure of your personal and credit informat aenergy.com.au/privacy. Our credit reporting edit worthiness, as well as how you can acces about offers for our products and services. O	ion in accordance with our privacy and g policy explains who we disclose credit ss your credit information, request a
Signature of account holder	Circash wa	Data
Full name	Signature	Date/ / /
Signature of financially responsible personal name	Signature	Date / /