

Connection/disconnection – Residential customers



Use this form if you are a residential customer and you are applying for:

- 1. Connection of electricity:** You want to get electricity connected at your home address.
- 2. Disconnection of electricity:** You want your electricity disconnected, but do not require reconnection at a new address.
- 3. Move-out/Move-in:** You are moving and want to disconnect electricity at your old address and reconnect at your new address.

How to complete and submit this form

Please fill in using block letters and ensure details are completed in full and email to customer@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).

What service do you require?

☐ Connection (fill in section 1) ☐ Disconnection (fill in section 2) ☐ Move-out/Move-in (fill in both sections 1 and 2)

Connection and disconnection requests may take up to four business days to be processed. If your request is urgent call us directly on 1800 JACANA (1800 522 262). Connection and disconnection fees apply. For information regarding tariffs, pricing and payment options please visit www.jacanaenergy.com.au

Your details

Account number (if known)		Are you or someone at the property in self-quarantine, self-isolation or isolation?	
<input type="text"/>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
First name	Middle name	Last name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone		Mobile	
<input type="text"/>		<input type="text"/>	
Postal address		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Email		<input type="checkbox"/> I wish to receive my bills and correspondence by email	
<input type="text"/>			
Form of identification (e.g. DL, passport)	Identification number	State of issue	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
NT Concession card number (if known)		The name on the concession card must match the Jacana Energy account holder.	
<input type="text"/>			

1. Connection address

Lot no	Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		State	Postcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Requested connection date			
<input type="text"/> / <input type="text"/> / <input type="text"/>			

If there are access restrictions to your property such as locked gates or dogs, the connection will not take place.

Do you operate life support equipment at this address? ☐ No ☐ Yes You will receive a registration form to fill in and return in 21 days.

Does the property have solar panels? ☐ No ☐ Yes ☐ Unsure

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2. Disconnection address

Lot no	Unit no	Street no	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Requested disconnection date			
<input type="text" value="/"/> <input type="text" value="/"/>			

If there are access restrictions to your property such as locked gates or dogs, the disconnection will not take place and you will be liable for usage and supply charges until access is granted.

Address to send your final bill

Street address / PO Box		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional authority (other than applicant, if applicable)

Level of authority

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

- ☐ Enquiry only: Can make changes to the account but is not responsible for the account (**completed all fields in part A**).
- ☐ Financially responsible: Has full access to the account and is jointly responsible for payments on the account (**complete all fields in part A & B**).

Part A

First name	Last name	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Phone number	Email address	
<input type="text"/>	<input type="text"/>	

Part B

Form of identification (e.g. DL, passport)	Identification number	State of issue	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>

Acceptances

By submitting this application, you:

- ☐ Accept the standard terms and conditions applicable to the Jacana Energy Customer Contract - available at www.jacanaenergy.com.au/contract.
- ☐ Consent to Jacana Energy's use, holding and disclosure of your personal and credit information in accordance with our privacy and credit reporting policies, available at www.jacanaenergy.com.au/privacy. Our credit reporting policy explains who we disclose credit information to and how this could affect your credit worthiness, as well as how you can access your credit information, request a correction and make a complaint.
- ☐ Consent to being contacted by Jacana Energy about offers for our products and services. Our privacy policy has information about how you can opt out of receiving direct marketing.

Signature of account holder

Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>

Signature of additional authority (If applicable)

Full name	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>