

Please complete all sections of this form, if hand-written in BLOCK CAPITALS. Sign and return to: Island Energy, La Rue Phillippe Durrell, La Collette, St Helier, Jersey JE2 3NX

Customer details <input type="text" value="Title Mr/Mrs/Miss/Other"/> <input type="text" value="Surname"/> <input type="text" value="Forename(s)"/> <input type="text" value="Gas Account Number (if known)"/>	Joint customer details <input type="text" value="Title Mr/Mrs/Miss/Other"/> <input type="text" value="Surname"/> <input type="text" value="Forename(s)"/>
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Contact details <input type="text" value="Telephone"/> <input type="text" value="Address to which gas is to be supplied"/> <input type="text" value="Date of occupancy"/> <input type="text" value="Billing Address (if different from above)"/> <input type="text" value="Please provide previous address"/> <input type="checkbox"/> Yes <input type="checkbox"/> No	A Direct Debit form must be completed to sign up for a Gas Account <input type="text" value="Mobile"/> <input type="text" value="Postcode"/> <input type="text" value="New meter reading"/> <input type="text" value="Postcode"/> <input type="text" value="Postcode"/> Please note a new DirectDebit form must be completed.
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Property details <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other (please specify) <input type="text" value="Landlord/Agent name"/> <input type="text" value="Landlord/Agent address"/> <input type="text" value="Date property vacated"/> When leaving the premises supplied by gas, please give at least 5 working days notice to the company. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text" value="Date of purchase"/> <input type="text" value="Contact number"/> <input type="text" value="Postcode"/> <input type="text" value="What date would you like your final reading to be done?"/> <input type="text" value="If yes, what is the breed?"/>
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Gas appliance and tariff <input type="checkbox"/> Cooker <input type="checkbox"/> Fire <input type="checkbox"/> Water Heating <input type="checkbox"/> Central Heating <input type="checkbox"/> Outdoor Equipment <input type="text" value="Other"/> Please indicate preferred tariff <input type="checkbox"/> Standard 24 <input type="checkbox"/> Super Economy	Important: If this section is left blank you will be placed on the tariff that is deemed most beneficial to you. Please note that access will be required on the day.
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Agreement <input type="checkbox"/> I/We agree to the terms and conditions of this agreement islandenergy.je/terms-conditions . <input type="checkbox"/> I/We would like to receive product and service offers via email from Island Energy.	
<input type="text" value="Applicant signature"/> <input type="text" value="Print full name"/> <input type="text" value="Date"/>	<input type="text" value="Applicant signature"/> <input type="text" value="Print full name"/> <input type="text" value="Date"/>

For office use only	<input type="text" value="Gas account number"/>
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