

Please complete all sections of this form, if hand-written in BLOCK CAPITALS. Sign and return to: Isle of Man Energy, Murdoch House, South Quay, Douglas, IM1 5PA

<p>Customer details</p> <p>Title <input type="text"/> Mr/Mrs/Miss/Other</p> <p>Surname <input type="text"/></p> <p>Forename(s) <input type="text"/></p> <p>Gas Account Number (if known) <input type="text"/></p>	<p>Joint customer details</p> <p>Title <input type="text"/> Mr/Mrs/Miss/Other</p> <p>Surname <input type="text"/></p> <p>Forename(s) <input type="text"/></p>
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<p>Contact details</p> <p>Telephone <input type="text"/> Mobile <input type="text"/> Email <input type="text"/></p> <p>Address to which gas is to be supplied <input type="text"/></p> <p><input type="text"/> Postcode <input type="text"/></p> <p>Date of occupancy <input type="text"/> New meter reading <input type="text"/></p> <p>Billing Address (if different from above) <input type="text"/> Postcode <input type="text"/></p> <p>Please provide previous address <input type="text"/> Postcode <input type="text"/></p> <p>Would you like to sign up for e-billing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>A Direct Debit form must be completed to sign up for a Gas Account</i></p> <p><i>Please note a new DirectDebit form must be completed.</i></p>
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Property details

Owner Tenant Other (please specify) Date of purchase

Landlord/Agent name Contact number

Landlord/Agent address Postcode

Date property vacated What date would you like your final reading to be done?

When leaving the premises supplied by gas, please give at least 5 working days notice to the company.

Do you have a dog at your address? Yes No If yes, what is the breed?

Tariffs and Date

If you are not the owner of the property and have not had a gas account with us previously, you will be required to pay a deposit of £250

Please indicate your preferred tariff to be invoiced on Central Heating Cooker Fire

Important: If this section is left blank you will be placed on the tariff that is deemed most beneficial to you.

Please provide the date when gas is required from, allowing 5 full working days notice for connection if gas is disconnected at the property. Date

Please note that access will be required on the day

Agreement

I/We have read and agree to the terms and conditions of this agreement isleofmanenergy.im/terms-conditions

I/We would like to receive product and service offers via email from Isle of Man Energy.

Applicant signature: <input type="text"/>	Applicant signature: <input type="text"/>
Print full name <input type="text"/>	Print full name <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>

For office use only Gas account number