

Premise No.

Customer No.



The Jersey Electricity Company Limited

The Powerhouse PO Box 45 Queens Road St. Helier Jersey C.I. JE4 8NY
Customer Care Fax: 01534 505565 e-mail: jec@jec.co.uk

APPLICATION FOR A SUPPLY OF ELECTRICITY TO DOMESTIC PREMISES

PLEASE COMPLETE ALL SECTIONS USING BLOCK LETTERS AND/OR TICKING BOXES WHERE APPROPRIATE.
FOR ASSISTANCE PLEASE TELEPHONE 505460

1 FULL NAME OF CUSTOMER APPLYING FOR SUPPLY		Please enter details of the customer/s who will be responsible for paying electricity bills at address set out in Section 2. This must be the same customer/s completing this form by signing section 5. <small>If another person is jointly to be responsible for bills, please enter his/her name below.</small>			
Forenames <small>(Company Name - In the case of a Limited Company)</small>		Forenames			
Surname		Mr/Mrs/Miss/Title		Surname	
Tel No Home		Work		Mobile	
Tel No Home		Work		Mobile	

2 ADDRESS AT WHICH SUPPLY IS REQUIRED		Post Code			
ABOUT YOUR NEW ADDRESS		Is the Property: Owned by You? <input type="checkbox"/> or Rented <input type="checkbox"/>			
		If rented please give the name and address of your landlord or agent			
		Post Code		Tel No	
		Is the Property: A house? <input type="checkbox"/> A flat? <input type="checkbox"/> Other? (give details)			
DATE SUPPLY IS REQUIRED		Day		Month Year	

PLEASE NOTE: Please allow 3 working days between receipt of this form at our offices, and your required date for connection.

WHAT ADDRESS SHOULD WE SEND YOUR BILL TO?	Please tick if same as above <input type="checkbox"/>
	If you have not ticked the box above please give the address to which you wish the bill to be sent.
	Post Code

ABOUT THE PREVIOUS OCCUPANT	Please enter the previous occupant's forwarding address here if you know it.
	Post Code

3 ARE YOU VACATING EXISTING PREMISES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES please complete the section below

ABOUT THE PREVIOUS ADDRESS BILL	Previous Address
	Post Code Previous Customer No.
	Is the electricity bill at the previous address in your name? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If YES, please note that you will remain responsible for future electricity bills rendered to your previous address, until you make a written request to our Customer Care Centre, for a final meter reading to be taken.

4 PAYMENT OF BILLS	Normally bills are issued quarterly and are payable in full immediately. Please indicate which of the following payment facilities you would wish to use.
	A <input type="checkbox"/> Monthly by Direct Debit (£2 Discount per bill) E <input type="checkbox"/> My/Our existing plan B <input type="checkbox"/> Variable Direct Debit (£2 Discount per bill) F <input type="checkbox"/> Monthly Payment plan C <input type="checkbox"/> Key Meter D <input type="checkbox"/> Quarterly on receipt of bill - by Cash, Cheque, Electricity Stamps, Credit/Debit Card
	PLEASE NOTE: Applicants may be requested to pay a deposit. This requirement may be deferred for customers who pay monthly by Direct Debit, or those who can provide a suitable guarantor.
	For further information on these payment methods, please call 505460

5 SIGNATURE	
I/We apply for a supply of electricity on the conditions set out in the Jersey Electricity Company's Official Terms and Conditions of Supply and Tariff leaflets. I/We accept responsibility for the payment of accounts (When there is more than one signatory to this application each signatory is jointly and severally responsible). I/We warrant the accuracy of the information given above.	
Signature	Date
Signature	Date
If signing on behalf of a Company please give own name and position held in Company.	

PLEASE RETURN UPON COMPLETION TO: Customer Care Centre, The Powerhouse, PO Box 45, Queens Road St. Helier JE4 8NY