

1 Applicants (only applicants listed will have access to account information)

Title	First Name	Middle Name	Surname	DOB	Drivers Licence or Passport No.
Mr/Mrs/Miss/Ms				/ /	
Mr/Mrs/Miss/Ms				/ /	
Mr/Mrs/Miss/Ms				/ /	

2 Information on First Applicant

Previous Address –

 _____ Postcode _____

Emergency Contact not living with you –

Name _____
 Address _____
 _____ Postcode _____

Employer's Details –

Name _____
 Address _____
 _____ Postcode _____

Telephone No's. – Home _____

Work _____

Mobile _____

Email – _____

Do you have a Pension Card? Yes No

If yes, what is your Pension card No. – _____

Do you have a Senior's Card? Yes No

If yes, what is your Senior's card No. – _____

Do you require a Password on your account? Yes No

Password (eg mother's maiden name) – _____

Nominated Authorised Person _____

3 Street Address for Supply

Unit/Flat No. _____ Street No. _____
 Street Name _____
 Suburb _____ Postcode _____
 Address _____
 domestic rural
 Additional Direction Details _____

6 Supply Details

Connection New Reconnect Additional Refix

Supply Type Natural Gas

Tariff (if known) _____

Date taking over supply _____ / _____ / _____

Is supply connected now? Yes No (if no, we will contact you)

Is a final reading required at your old address? Yes No

Date final reading required? _____ / _____ / _____

4 Postal address for accounts (if same write AS ABOVE)

 _____ Postcode _____

5 Name and address of owner or agent of premises

 _____ Postcode _____

7 Is there a dog on the premises?

Yes No If yes, state – • Breed _____

• Name of Dog _____

I/We apply to have Natural Gas supplied to this premises under the terms set out under the Gas Act 1965.

Signature _____	Date _____ / _____ / _____
Signature _____	Date _____ / _____ / _____
Signature _____	Date _____ / _____ / _____

Important Information

- Please PRINT and complete all sections.
- A Security Deposit may be required. If so, a payment request will be mailed to you. If all details are not provided, ENERGEX may request a higher security deposit.
- AGL may check your credit record before approving this application.
- AGL may list you with a credit bureau if accounts are not paid.
- AGL requires access to meters at all times.
- The personal information we ask you to supply is needed to set up your account. A failure to provide this information will result in AGL being unable to complete your request. Your personal information will only be provided to other parties where necessary to provide services on behalf of AGL. You may gain access to your personal information or obtain our Privacy Policy by contacting AGL on 1300 309 132 between 8:00am and 6:30pm Monday to Friday.



Switched on.

Part 2.

Only required for new connections and/or alterations or additions

1 Real property description in full (details from rates notice or sales agreement)

Lot No.
R.P.

2 Applicant's contact address prior to connection

Name
Address
Suburb Postcode
Telephone No.

3 Builder or Consultant (if known)

Name
Address
Suburb Postcode
Telephone No.

4 Supply is required for –

Permanent Service Temporary Service
 Alteration Additions
 New Job
 Other (specify) –

5 Forward quotations to –

Builder/Consultant Applicant

6 If a new installation, construction should be completed by –

Date / /

8 Sketch

Attention is also drawn to the need for meters to be in a position suitable to AGL. Please sketch here a plan to premises outside residential area (use landmarks if applicable).

CUSTOMER INSTRUCTIONS/ACTION REQUIRED	LICENSED GAS FITTER
	Name
	Address
	Licence No.
	Form 8 No.

AGL USE ONLY			
Date Lodged	/ /	ID Type	<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport
Customer Account No.		ID Verified	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer No.		Gas Prepaid	\$
Premises Identity No.		Security Deposit	\$
Previous Site No.		Tariff	
Staff User ID		Megajoule Load	
		Appliances to be Installed –	<input type="checkbox"/> Cooker <input type="checkbox"/> Space Heater <input type="checkbox"/> Other –