

Electricity Registration for Joint Tenancy



The tenant name that appears on the bill **will not** be solely responsible for payment. All tenants will be held equally responsible. This form should be completed in BLOCK CAPITALS and returned within **2 weeks** of your moving in date to the address/email overleaf. Please ensure all tenants complete the form in its entirety and no fields are left blank.

Details on how we use your data can be found in our privacy statement which is included in your welcome pack. This can also be found at powerni.co.uk/privacy-statement/.

| | | |
|---|--------------|-----------------------|
| Address of Property: Including postcode | | |
| Meter Number: | | Meter Reading: |
| Keypad Fitted: | Yes | No |
| Length of Tenancy | From: | To: |

| | |
|----------------|----------------|
| Tenant name: | |
| Home Address: | |
| | |
| Mobile No: | Email Address: |
| Home Phone No: | Date of Birth: |

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|----------------|----------------|
| Tenant name: | |
| Home Address: | |
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| Mobile No: | Email Address: |
| Home Phone No: | Date of Birth: |

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| Home Address: | |
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| Mobile No: | Email Address: |
| Home Phone No: | Date of Birth: |

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|----------------|----------------|
| Tenant name: | |
| Home Address: | |
| | |
| Mobile No: | Email Address: |
| Home Phone No: | Date of Birth: |

X Sign Here on behalf of all tenants

By filling out this form you agree the above information is correct. Information such as billing and payment dates may be shared between Power NI and the named Landlord if it is within Power NI's or those of a third party's legitimate interest for the purpose of managing the electricity account at this address. Please see the Power NI Privacy Statement for further information: powerni.co.uk/privacy-statement/.

Landlord Details – To be completed by Landlord

Fire/security protection (To assess suitability for a keypad meter)

Mains Operated Fire Alarm System Yes
 Emergency Lighting System Yes
 Burglar Alarm System Yes
 HMO accredited Yes

Please tick the appropriate box:

Professional let Student let

| | | | |
|------------------|--|-----------------------|--|
| Landlord's Name: | | Landlord's Signature: | |
| Address: | | | |
| | | | |
| Postcode: | | Email Address: | |
| Home Phone No: | | Mobile No: | |

Please note: The above details are for contact purposes only, we will not transfer liability for the supply into the landlord's name.

Please post your completed form to:

Power NI
 Woodchester House
 Belfast
 BT9 5NW

Or email:

students@powerni.co.uk