

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 and returned within **2 weeks** of commencement of tenancy to the address overleaf.

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:
Home Phone No:	Date of Birth:

I would prefer not to receive updates about Power NI's products and services via email or text.

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

I would prefer not to receive updates about Power NI's products and services via email or text.

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

I would prefer not to receive updates about Power NI's products and services via email or text.

Please note: The following details are for contact purposes only, we will not transfer liability for the supply into the landlords name.

Landlords Name:	
Address:	
Postcode	
Home Phone No:	Mobile No:

Please view our terms and conditions of supply at www.powerni.co.uk which details how we use your information.

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

Mains Operated Fire Alarm System Yes / No
 Emergency Lighting System Yes / No
 Burglar Alarm System Yes / No

Please tick the appropriate box

Professional let Student let

Form to be returned to:

Power NI
 PO Box 103
 Antrim
 BT41 9BB