ENERGY OFFER FORM

Important notice to the customer

You have a right to cancel this agreement within 10 business days from and including the day after you signed or received this agreement. Details about your additional rights to cancel this agreement are set out in the information attached to this agreement.

Go to www.covau.com.au to view and download the terms and conditions for electricity, natural gas, Green Power Agreements.

→ CONTACT DETAILS

www.covau.com.au



support@covau.com.au Suite 11.03, Level 11, 201 Kent St, Sydney NSW 2000

() 1300 689 866

RESIDENTIAL BUSINESS				
Business name (Legal Name)				
Trading name (if different to Business name)				
Company Sole Trader Partnership ABN/ACN				
Account Details	Service Address			
First Name	Floor no.	Unit no.	Street no.	
That Halle	Street name			
Surname	Suburb			
	State Postcode			
Date of birth D D / M M / Y Y Y Y	Postal Address: (if d	ifferent to service	e address)	
Main phone (Address Address Address				
Mobile	Suburb			
Email	State		Postcode	
	Authorised contact	person:		
Proof of ID Driver's License Passport	First Name			
ID Number	Surname			
Capacity Owner Director Partner	Tioblic	Mobile		
other (give detail)	Date of birth			
SERVICE DETAILS				
What is your tariff?	Ar	e you currently el	igible for concession on	your energy
Please select NSW VIC QLD SA ACT TA	bil	1?	Yes No	
riedse select NSW VIC QLD SA ACT		ncession Number	:	
Application Type Transfer Move-in New Connecti	on Ca	rd Type:		
Does anyone depend on life support equipment at the property? Yes No	Ca Ca	rd Start Date:	DD/MM/	
Does anyone depend on life support equipment at the property? Yes No ELECTRICITY National Metering Identifier (NMI)				
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