



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

First Name _____
Surname _____
Date of birth _____
Main phone (_____) _____
Mobile _____
Email _____
Proof of ID ☐ Driver's License ☐ Passport
ID Number _____
Capacity ☐ Owner ☐ Director ☐ Partner
other (give detail) _____

Service Address

Floor no. _____ Unit no. _____ Street no. _____
Street name _____
Suburb _____
State _____ Postcode _____

Postal Address: (if different to service address)

Address _____
Suburb _____
State _____ Postcode _____

Authorised contact person:

First Name _____
Surname _____
Mobile _____
Date of birth _____

SERVICE DETAILS

What is your tariff? _____
Please select ☐ NSW ☐ VIC ☐ QLD ☐ SA ☐ ACT ☐ TAS
Application Type ☐ Transfer ☐ Move-in ☐ New Connection
Does anyone depend on life support equipment at the property? ☐ Yes ☐ No
☐ ELECTRICITY National Metering Identifier (NMI) _____
☐ GAS Delivery Point Identifier (DPI)/ Meter Installation Reference Number (MIRN) _____

Are you currently eligible for concession on your energy bill? ☐ Yes ☐ No
Concession Number: _____
Card Type: _____
Card Start Date: _____
Card Expiry Date: _____

YOUR ENERGY PLAN

What services are you joining?

Energy fuel type ☐ Electricity ☐ Gas
Invoice delivery ☐ Email ☐ Post (Paper bill fee applies)
Consent to Smart Meter Upgrade ☐

New Connection Area

Lot # _____
Registered Electrical Contractor (REC) Details

Name _____ Contact Number _____
Company Name _____ License Number _____

	ELECTRICITY	GAS
Discount/ Guaranteed Discount	_____ %	_____ %
One-off Rebate	\$ _____	\$ _____
Monthly Instalment (Estimated monthly payment)	\$ _____	\$ _____
Invoice Option:	<input type="checkbox"/> Standard invoice	<input type="checkbox"/> Monthly instalment
Date of Payment (Smoothpay Only) (Select any date from 1st- 28th each month)	_____	

CUSTOMER DECLARATION

- ☐ a. "I understand and agree that my personal information will be collected, used and disclosed in accordance with CovaU Privacy Policy (available at www.covau.com.au). I also consent to CovaU disclosing information to credit reporting bodies to do credit check for assessing my application."
- ☐ b. "I agree to receive the correspondence, notices, other documents and promotional information via email. If I don't want to receive promotional information, I'll contact CovaU to opt-out of marketing communications."
- ☐ c. "I accept the Market Retail Agreement, available at www.covau.com.au, which will also be sent to me in my Welcome Pack. I understand that it contains important information I need to know about my energy plan. By accepting this offer, I consent to transfer my gas and/or electricity to CovaU."

Print Name: _____ Signature: _____ Date: _____

5. OFFICE USE ONLY

- Must have voice record **1300 689 866**, Customer ID and send a scanned copy to email **NSW: business@covau.com.au, VIC: businessvic@covau.com.au**
- Must attach a Direct Debit / Credit Card Request Form with a valid Contract Number

Name of Agent _____ (on behalf of CovaU Pty Limited) Signature _____ Date _____
Business Address of Agent Suite 11.03, Level 11, 201 Kent St, Sydney NSW 2000 Agent Email Address _____
Voice Record ☐ Yes ☐ No Date _____ Copy Sent ☐ Yes ☐ No Date _____
Notes _____