FORM | Application for Supply of Electricity (RAES)



This form applies to properties supplied with electricity under the Remote Areas Energy Supplies scheme.

This form is to be used where you are moving into a property that has an existing electricity connection. If the property has no electricity connection, you will first be required to complete the "Application for a New Connection/Notice of Alteration" form.

Completed forms are to be forwarded to Cowell Electric at PO Box 70, Cowell SA 5602, or by email to retail@cowellelectric.com.au

Please contact us on 1800 805 020 to report electricity faults or emergencies

Date electricity required		/	/	Given	Do you require an interpreter? Yes / No en Names Surname						
Full name in which the account is to be rendered:	☐ Mr ☐ Mrs	☐ Ms ☐ Miss		GIVEIT							
Address of premises at which supply is required:	Lot # Flat	# House #	Street Nar	ne	Town		Post Code				
Type of premises	Home ☐ Business ☐ State Gov ☐ Federal Gov ☐ Other										
Please describe type of Business (if not residential)											
Is the property leased 🗌	If leased, state owner/property manager Previous Occupier (if known)										
Do you have a hot water service Yes (size) / No											
Do you have any animals at this property? Yes \(\scale= / \text{No} \scale= \) If Yes, type \(\scale= - \) If yes, ensure there is safe access to enter the property for our meter attendants											
Occupation	ccupation Employer										
Date of Birth / / Pensioner Concessions? Yes \(\scale= / \ No \(\scale= \)											
If eligible for a pensioner concession, you will need to complete a 'Pensioner Concessions application form, which can be found at the following website: https://www.sa.gov.au/topics/care-and-support/concessions/household-concessions/energy-bill-concessions											
Contact details	Business I	Phone			Home phone		Mobile				
_											
Email											
Please email my account to the above email address Yes . No .											
Postal Address (If different to above)	# - Stree	et / PO Box			Том	/n	Post Code				
			For C	<u>Offi</u> ce	Use Only			_			
New Account					Final Account						
Account Number					Meter Number						
Tariff					Reading						
Meter Number					Date						
Service Point Number	er				Disconnected SFE	Yes 🗌	/ No 🗌				
					Date						
Date Connected					Site Disconnected	Yes 🗌	/ No 🗌				
					Disconnection Type	Lock off	switch				
Reading at connection	on					Fuse re	moved				
					Date						
Walk Order					Forwarding Address						



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	Lot #	Flat #	House #	Street Name	Town		Post Code	
Last address at which applicant has been responsible for accounts								
Does the applicant have any special needs? If so please specify (eg: Life support)								
Is the meter box outside the house and is the meter accessible by meter reader without the use of Yes / No								
If response above is yes, no furtiplease complete the attached "M							above is No,	
The Undersigned Applicant hereby energy to the premises hereunder (conditions under which electric ene application and the applicant agree Electric Supply Pty Ltd from time to	to be us rgy is su s to be b	ed solely upplied b	y for the y the Co	purposes hei well Electric	reunder stated Supply Pty Ltd	l) subject to d at the date	the e of this	
By signing this application you warr the subject of this application and for premises.								
IMPORTANT: The Applicant agrees accrued up to the expiration of thre that the Applicant desires the termine shall be determined by Cowell Electrophysical applicant to select the most suitable particular case will be readily given	e days a nation of tric. Wh e tariff pe	after the in f this agrange nere alter ermitted	receipt b eement. native ta	y Cowell Elec The class of riffs are allov	ctric of written f consumption ved it is the res	notice from and appro sponsibility	n the Applicant priate tariff(s) of the	
Please note that in accordance with and identifying particulars may be r credit providers.								
This application must be signed be is for a business, or by the Mana Incorporated Body. # N.B. Except for authorised offi several personal liabilities for all	ger or S cers the	Secretary e persor	y or simi ns signii	lar authorise	d officer on b	ehalf of a y undertak	Company or	
Full names of persons responsible for payment of account								
Signature					Date	1		
IF COMPANY OR CORPORATION	I PLEAS	SE COM	PLETE T	HE FOLLOW	/ING:			
Full name of person signing Designation of								
authorisation officer				A.C.N				



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Meter Access Form

Section 1: This form is to be completed if the meter is not accessible to the meter reader

Under the Energy Retail Code a meter reader must be given access to the electricity meter at each customer's supply address, in order to read the meter. As your electricity meter is not readily accessible for readings, please nominate one of the following methods in order for meter access to occur. Have the electricity meter relocated to outside your premises (at your own cost) Be present at the quarterly read dates Provide a key to Cowell Electric Supply (Please complete section 2 below) Please note that if a customer fails to grant access for the electricity meter to be read, for 3 consecutive billing cycles, the retailer may arrange for disconnection of the electricity supply at the customer's supply address. Section 2: This section is to be completed if you wish to provide a key to Cowell Electric Supply for access to the electricity meter. Please post the key via registered mail with the completed application for supply form. □ Ms Full name of person ☐ Mr ☐ Mrs Miss supplying key: **Business Phone** Home phone Contact details **Email** Town Post Code Flat # House # Street Name Lot # Address of premises at which key is issued for: Home Business State Gov Federal Gov Other: Type of premises Please describe door key provided (e.g. front, garage) Additional comments / special instructions as relevant Date key posted: / / Section 3: Access to Electricity Supply Meter & use of Key provided Refer to clause 32 of the Remote Areas Energy Supplies (RAES) Customer Connection and Supply Contract, for details on access to your supply address. In addition to information contained within clause 32, Cowell Electric shall: 1. Store all keys supplied within a secure location, along with a key register. 2. Ensure Keys are removed only for purposes related to the distribution and retail of electricity at the

- Ensure Keys are removed only for purposes related to the distribution and retail of electricity at the supply address to which the key relates and shall be returned to the secure location for safe keeping as soon as practicable after their use.
- 3. Ensure keys are identified only by the meter number for which they relate.
- 4. Ensure the meter reader is subject to an annual Federal Police clearance check and signs a declaration that keys supplied will be used ONLY for the purpose of accessing a supply address for Cowell Electric business related to the distribution and retail of electricity to that address.
- 5. Return all keys supplied, to the contract holder, on termination of their electricity supply contract.

Note: The Remote Areas Energy Supplies (RAES) Customer Connection and Supply Contract can be found at the following website; https://www.energymining.sa.gov.au/consumers/energy-grid-and-supply/remote-area-energy-supply



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