

Information Request Form

Account Holder Details

Full Name:	<input type="text"/>
Mailing Address:	<input type="text"/>
Contact Number:	<input type="text"/>
Email Address:	<input type="text"/>
Date of Birth:	<input type="text" value="DD / MM / YYYY"/>
NeoGrids Account	
Number <i>(if known)</i> :	<input type="text"/>

Authorised Representative Details or Requestor Details

[to be completed if an Authorised Representative or Requestor is completing the form on an Account Holders behalf]

Full Name:	<input type="text"/>		
Street Address:	<input type="text"/>		
Suburb:	<input type="text"/>	State:	<input type="text"/>
		Postcode:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Contact Number:	<input type="text"/>		
Email Address:	<input type="text"/>		
Date of Birth:	<input type="text" value="DD / MM / YYYY"/>		

I confirm I am the following:

- ☐ Authorised Representative
- ☐ Requestor

Information Requested

Please select below what information you are requesting:

- ☐ General Information about NeoGrids
- ☐ Product/Service Details
- ☐ Your Billing and Account Information
- ☐ Compliance and Regulatory Information
- ☐ Energy Usage Reports
- ☐ Your Credit Related Information
- ☐ Other (please specify): _____

Please provide a brief description of the information needed:

Please confirm the purpose of your request:

Preferred Format for Information

How would you like to receive the requested information?

- ☐ Email
- ☐ Physical Copy (will be sent to the Account Holder's mailing address)
- ☐ Download Link

☐ Other (please specify):

Timeframe

When do you need the information by?

☐ Urgent (within 24 hours)

☐ Within 5 business days

☐ Within 10 business days

☐ Within 30 business days (only option available for credit related information)

☐ No specific deadline

Additional Comments and/or Requirements

Please provide any additional details or specific instructions related to your request:

Customer Declaration

I, [**Account Holder/Authorised Representative/Requestor**] confirm that the information provided in this request is accurate and that I am authorised to make this request. I understand that NeoGrids may contact me for further details or clarification if necessary.

Signature of Account
Holder/Authorised
Representative/Requestor:

Date:

Submission Instructions

Email: support@neogrids.com

Mail: NeoGrids Customer Support

Level 19, 180 Lonsdale Street,

Melbourne VIC 3000

NeoGrids Office Use Only

Received By:

Date Received:

Reference Number:

Action Taken: