

Registration for Life Support Equipment

Disclaimer: I have Life Support Equipment in my home and wish to register my residence as a Life Support Equipment address. I agree to notify NeoGrids if the individual who requires the Life Support Equipment vacates the residence or no longer needs the equipment. I authorise NeoGrids to conduct any necessary inquiries to confirm eligibility for any applicable benefits or rebates.

I acknowledge the above and confirm any information provided below is true and correct.

Customer Details:

Full Name:

Mailing Address:

Contact Number:

Email Address:

Account Number:

Date of Birth:

Authorised Representative Details:

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

Full Name:

Street Address:

Suburb: State: Postcode:

Mailing Address:

Contact Number:

Email Address:

Date of Birth:

Supply Address where the Life Support Equipment is Located:Street Address: Suburb: State: Postcode: Embedded Network Meter Number: National Metering Identifier (NMI) for your Embedded Network: **Life Support Equipment:**

I, or a member of my household, use one or multiple of the following class of approved electronically operated apparatus:

- | | | |
|--|---|--|
| <input type="checkbox"/> Positive Airways Pressure (PAP) Devices Oxygen Concentrator | <input type="checkbox"/> Positive Airways Pressure (PAP) Devices Oxygen Concentrator (24hr) | <input type="checkbox"/> Ventilators |
| <input type="checkbox"/> Home Dialysis Machine | <input type="checkbox"/> Phototherapy Equipment | <input type="checkbox"/> External Heart Pump |
| <input type="checkbox"/> Enteral Feeding Pump | <input type="checkbox"/> Total Parenteral Nutrition (TPN) Pump | <input type="checkbox"/> Oxygen Concentrator |

Other Life Support Equipment (please detail):

Medical Certification:

I, [**Doctor's Name**] hereby certify that a person residing at the above address requires the Life Support Equipment indicated above.

Signature/Stamp of Medical Practitioner: Date:

Customer Certification:

I, [**Customer/Authorised Representative Name**] certify that the information provided is true and correct and that I am responsible for the electricity accounts at the property where the Life Support Equipment is installed. I understand that a new notification form must be completed if Life Support Equipment is registered at a new supply address.

Signature of

Customer/Authorised
Representative:

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: