


Title: Mr / Mrs / Miss / Ms: _____ Email address: _____
 First name: _____ Phone (UK landline): _____
 Surname: _____ Phone (Alternate): _____
 How did you hear about us? _____

 Please enter both telephone numbers in case we need to contact you to clarify any details and ensure your switch to EquiGas and/or EquiPower runs smoothly


Where would you like energy to be supplied?
 House name/Number: _____
 Address line 1: _____
 Address line 2: _____
 Post town: _____
 Post code: _____


Billing address (if different)
 House name/Number: _____
 Address line 1: _____
 Address line 2: _____
 Post town: _____
 Post code: _____

EQUIPOWER

What would you like to apply for?
(Tick both boxes for dual fuel)

EQUIGAS

ELECTRICITY:
 Current supplier: _____
 Do you use Economy 7 Electricity? Yes No
 How would you like to pay?
 Monthly Direct Debit 
 Quarterly by cash/cheque or Direct Debit
 PayGo card (weekly payment plan)
 Prepayment meter
 What is your current meter reading?
 Day _____ Night (for E7) _____
 How much do you spend annually? £ _____

GAS:
 Current supplier: _____
 How would you like to pay?
 Monthly Direct Debit 
 Quarterly by cash/cheque or Direct Debit
 PayGo card (weekly payment plan)
 Prepayment meter
 What is your current meter reading?

 How much do you spend annually? £ _____

DATA PROTECTION POLICY: We will not pass on any information about you to anyone other than for the purpose of transferring your supply
 CARELINE: Special facilities are provided for elderly, disabled and chronically ill people. If you would like more information, or would like to register, please tick here.
 DECLARATION: I have read, and accept the terms and conditions and confirm that the above details are correct.
 Signed: _____ Print Name: _____ Date: _____

PLEASE RETURN YOUR COMPLETED FORM TO: EBICO LTD, FREEPOST R RKK-BLGR-KTTJ, WITNEY, OXON, OX284BH

INSTRUCTION TO YOUR BANK / BUILDING SOCIETY TO PAY BY DIRECT DEBIT



OIN Electricity OIN Gas Name of Bank / Building Society: _____
 Name of account holder: _____
 Sort Code: _____ Account Number: _____

Instruction: Please pay Southern Electric plc and/or Southern Electric Gas plc direct debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. Signed: _____