



LIFE SUPPORT REGISTRATION FORM

AUGUST 2019

VERSION 1.01

KOGAN ENERGY TEL 1300 005 123 INFO@KOGANENERGY.COM.AU

PO BOX 1639 | MELBOURNE | VICTORIA | 3001

Kogan Energy customers in New South Wales, Queensland and South Australia who require the use of life support equipment must complete this form and send it back to Kogan Energy as soon as possible.

If you do not return this life support registration form to Kogan Energy, your property will not be afforded the relevant protections under the Rules and Code for life support customers.

Section 1: Kogan Energy account holder information

Full name: (as it appears on your account)	<input type="text"/>
Kogan Energy account number:	<input type="text"/>
Contact phone number:	<input type="text"/>
Email address:	<input type="text"/>

Supply address details: (address of the property Kogan Energy supplies electricity to)

Unit/Apartment number:	<input type="text"/>	Building/House number:	<input type="text"/>
Street name:	<input type="text"/>	Suburb/ Town:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>

Postal address: (if different from above)

Unit/Apartment number:	<input type="text"/>	Building/House number:	<input type="text"/>
Street name:	<input type="text"/>	Suburb/ Town:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>

Section 2: Person requiring Life Support Equipment

Is the person requiring Life Support Equipment the same person detailed above? Please circle: YES / NO

If YES proceed to Section 3.

If NO please provide the details of the person requiring Life Support Equipment below and then proceed to Section 3.

First name:	<input type="text"/>	Surname:	<input type="text"/>
Date of birth:	<input type="text"/>	Relationship to account holder:	<input type="text"/>

Supply address details (address of the property Kogan Energy supplies electricity to)

Unit/Apartment number:	<input type="text"/>	Building/House number:	<input type="text"/>
Street name:	<input type="text"/>	Suburb/ Town:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>

Postal address (if different from above)

Unit/Apartment number:	<input type="text"/>	Building/House number:	<input type="text"/>
Street name:	<input type="text"/>	Suburb/ Town:	<input type="text"/>
State:	<input type="text"/>	Postcode:	<input type="text"/>

Section 3: Declaration of applicant

I hereby declare that:

1. I am the person named requiring the use of Life Support Equipment or I have full legal authority to register Life Support Equipment for the supply address specified above.
2. All information contained in this Life Support Registration form is to the best of my knowledge and understanding true and accurate.
3. I will as soon as practicable notify Kogan Energy via telephone, email or mail if I, or the person requiring Life Support Equipment, no longer requires the use of Life Support Equipment at the supply address specified above.
4. I will as soon as practicable, but no later than 2 business days prior, notify Kogan Energy via telephone that I, or the person requiring Life Support Equipment, intend on moving out of the property at the supply address specified above.
5. I consent to Kogan Energy providing the information contained in this Life Support Registration form to my local electricity distribution network and any other relevant government agency for the purposes related to Life Support Equipment.
6. I consent to Kogan Energy contacting the medical practitioner detailed in section 4 of this Life Support Registration form, for the purposes of verifying the condition that requires me, or the person requiring Life Support Equipment, to use Life Support Equipment.
7. I acknowledge and agree I will ensure this Life Support Registration is current and relevant at all times.

Name:	<input type="text"/>	Date:	<input type="text"/>
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Signature:

Section 4: Medical practitioner authorisation

This section is to be completed by the registered medical practitioner familiar with the condition of the individual requiring Life Support Equipment and authorising the use of Life Support Equipment.

Medical practitioner name:	<input type="text"/>	Medical registration number:	<input type="text"/>
Name of Hospital/ Hospice/ Health Service Centre:	<input type="text"/>		
Position title:	<input type="text"/>	Contact phone number:	<input type="text"/>

Medical practitioner declaration

I confirm that the individual specified on this Life Support Registration form requires the use of Life Support Equipment at the address specified on this Life Support Registration form. I confirm that the continued supply of electricity is required to ensure the safe operation of the equipment indicated below.

Equipment Type	Required (Yes or No)
Electric mobility devices for quadriplegics	<input type="text"/>
Oxygen concentrators	<input type="text"/>
Positive Airways Pressure (PAP) Device	<input type="text"/>
Enteral feeding pump	<input type="text"/>
External heart pump	<input type="text"/>
Home dialysis	<input type="text"/>
Phototherapy equipment	<input type="text"/>
Total Parenteral Nutrition (TPN) pump	<input type="text"/>
Ventilators	<input type="text"/>
Other – please specify:	<input type="text"/>

Full name:	<input type="text"/>	Signature:	<input type="text"/>
Practitioner Number:	<input type="text"/>	Date:	<input type="text"/>

IMPORTANT INFORMATION:

If Kogan Energy does not receive a copy of this completed Life Support Registration form, Kogan Energy may exercise its right to remove the Life Support flag from your account.

This form is not a Life Support Rebate application form. This form is purely an application to register the property as requiring Life Support Equipment. In order to obtain a rebate please complete the appropriate Life Support Rebate application form.

Please return this completed registration form to Kogan Energy:

Email: info@koganenergy.com.au

Fax: 1800 881 158

Mail: Kogan Energy
PO Box 1639
Melbourne
Victoria 3001