

Authority to release information to third parties

This form authorises Ergon Energy Corporation Limited and any of its related entities to release information relating to you either generally or of the kind / relating to the matters specified below to the following third party.

Guide to completing the form:

All sections marked with an asterisk (*) are mandatory fields and must be completed before Ergon Energy Corporation Limited or its related entities can accept this Authority.

- Residential customers or sole business traders (i.e. "natural person"), please complete **Section (A)** and **Section (C)**.
- Business customers with multiple employees, please complete **Section (B)** and **Section (C)**. If a person signs this agreement for or on behalf of a Business customer, the person warrants that he/she is authorised to sign for or on behalf of the Business customer.

CUSTOMER DETAILS

Section (A) – Residential customers or sole business traders (i.e. "natural person")

Name*:

Date of Birth:

Drivers Licence:

State:

Expiry Date:

Address*:

Section (B) – Business customers with multiple employees (i.e. signing on behalf of the business / organisation)

Name*:

Position*:

Business name
(if applicable)*:

Business address*:

Section (C) – All customers to complete

ELECTRICITY SUPPLY DETAILS

Premises Address*:

National Metering Identifier (NMI)*:

(as it appears on your electricity bill)

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THIRD PARTY AUTHORISATION DETAILS

Name of ThirdParty / Agency*:

Date of Birth:

Drivers Licence:

State:

Expiry Date:

Address*:

ACN/ABN (if applicable) *:

Telephone / Mobile:

Note: Should the name of the third party change or become deregistered, the Authority will automatically expire.

INFORMATION TO BE RELEASED

I authorise the release of information relating to me or the business/organisation listed above by Ergon Energy Corporation Limited and its related entities, to the third party listed above. I understand that the release of information is limited to the matters specified above and for the validity period nominated below. If no validity period is nominated, I understand that it will be deemed that consent has only been provided to satisfy a one-off request for information, and a new agreement will be required for any subsequent requests by the Third Party.

*This Authority remains valid for a period of _____ months/years (maximum of 2 years).

Signature of Customer:

Name:

Contact Number:

Date:

Please forward completed form to:

Email: mdp@ergon.com.au

Mail: Ergon Energy

PO Box 1090

Townsville QLD 4810

Privacy Notice

Ergon Energy is collecting personal information on this form for the purpose of establishing third party authority to access information relating to your account. If we are not provided with all or part of the information requested we may not be able to set up and administer the third party authority. The information collected will not be disclosed by Ergon Energy to any third party without your consent, unless authorised or required by law or in accordance with the *Privacy Act 1988* (Cth). It is your responsibility to inform the third party listed above that their personal information has been supplied to Ergon Energy and the purpose. Please refer to Ergon Energy's Privacy Policy for more information about how we collect, hold, use and disclose your personal information. Our Privacy Policy is available at www.ergon.com.au.