

Application for Supply and/or Disconnection of Supply

1. Surname/Company Name: (Dr/Mr/Mrs/Miss/Ms/Other)

Forenames (In full):

Date of Birth

ID / Passport No. /

Company Reg No.

2. Surname/Company Name: (Dr/Mr/Mrs/Miss/Ms/Other)

Forenames (In full):

Date of Birth

ID / Passport No. /

Company Reg No.

3. Telephone (Home)

Mobile No.

Telephone (Work)

Email:

MOVING IN - APPLICATION FOR SUPPLY

4. Address

Unit Type

No.:

Building Name:

Building No.:

Estate Name:

Street Name:

5. Type of Service

Domestic

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Commercial

☐

Other

☐

Change of Name*

☐

6. Do you have a Legal Right to occupy the premises where the supply is required

Yes

☐

No

☐

7. Name of Landlord/Management Company of the Premises

8. State whether the Installation is

New

☐

Existing

☐

Modified

☐

9. Your Previous Address

10. Billing Address if different to Address in Box 4

11. I/We hereby apply for the supply of electricity and agree to pay for the same, at such rates as may from time to time be charged by the Gibraltar Electricity Authority until I/We shall give the Gibraltar Electricity Authority notice in writing for the discontinuance of supply.

I/We also agree to abide by, and conform with the General Conditions/Regulations for the supply of electricity contained in the Gibraltar Electricity Authority Act 2003 and those appended to this form [which I/We have received] and with any other conditions/regulations amending, adding to, or substituting the same of which the Gibraltar Electricity Authority may from time to time give notice in the Gazette.

The Gibraltar Electricity Authority processes all personal data in line with the Data Protection Act 2004 and the General Data Protection Regulation ((EU) 2016/679). For more information please see our Privacy Notice on www.gibelec.gi, or alternatively please request a copy at our Public Counter or on gdpr@gibelec.gi.

* Change of Name will only be accepted at the discretion of the GEA, for account transfers between individuals named on the property Deeds of Assignment/Rental Agreement.

MOVING OUT - DISCONNECTION OF SUPPLY

12. Account No.

(From your last bill)

Cut-off Date

ASAP

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Meter No.

(If known)

13. In accordance with the General Conditions/Regulations for the supply of electricity, I/We hereby give notice that the supply to the address in box 14 is no longer required by me/us.

14. Address you are Leaving - tick if same as Box 9 above

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15. Address to send Final Bill - tick if same as Box 4 above

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CUSTOMERS WHOSE DETAILS APPEAR IN BOXES 1 AND/OR 2 ABOVE, MUST COMPLETE THE BOXES BELOW

Full Name:

Full Name:

Signature:

Signature:

Date:

Date:

If you are signing on behalf of a Limited Company, Partnership or as an Authorised Agent, please state the capacity in which you are signing: