

Notification of life support equipment



Registering your address **does not** guarantee supply which will still be subject to outages due to storms, accidents or other circumstances beyond SA Power Networks' and your retailer's control.

You can register the following equipment types (as specified in the National Energy Retail Rules). Please tick the appropriate box.

- | | |
|---|---|
| <input type="checkbox"/> Oxygen concentrator | <input type="checkbox"/> Kidney dialysis machine |
| <input type="checkbox"/> Continuous positive airways pressure | <input type="checkbox"/> Crigler Najjar Syndrome phototherapy equipment |
| <input type="checkbox"/> Intermittent peritoneal dialysis machine | |
| <input type="checkbox"/> Other (please specify) _____ | |

Registration Details

☐ Mr ☐ Mrs ☐ Ms ☐ Miss

First name	Surname
Residential address	
Postal address (if different to the above)	
Mobile phone	Landline phone number
Email address	
National Metering Identified (NMI) number from power bill 200 _ _ _ _ _ / _	

- ☐ I understand and agree to SA Power Networks collecting and handling my personal information in accordance with its Privacy Policy. I certify that the details provided are correct and understand that my electricity retailer and SA Power Networks will share the information provided to update their records and registers. I will inform both parties if the person the equipment is required for vacates the property or no longer requires the equipment by calling **13 12 61**.

Customer signature Date

Medical Practitioner Certification

I (Medical Practitioner) hereby certify a person residing at the above address requires the equipment indicated above.

Signature/stamp of Medical Practitioner Date

Return the completed form to: lifesupport@sapowernetworks.com.au or
SA Power Networks
Data Quality DX11101
GPO Box 77 Adelaide SA 5001