

Email address

FORM TITLE: Authorised Representative Portal Registration Form

1.	Authorised Representative Details Organisation, business or company name		
	ABN/ACN Number		
	Address:		
	Postal Address:		
	Phone:		
2.	Your representatives You can nominate up to 5 representatives to receive a portal login associated with your account.		
	Representative 1:		
	First name:		
	Second name:		
	Contact phone number		
	Email address		
	Representative 2:		
	First name:		
	Second name:		
	Contact phone number		
	Email address		
	Representative 3:		
	First name:		
	Second name:		
	Contact phone number		
	Email address		
	Representative 4:		
	First name:		
	Second name:		
	Contact phone number		



Representative 5:

3.

First name:		_	
Second name:		_	
Contact phone number		_	
Email address		_	
Declaration			
		and that all relevant information has if information is untrue, concealed, or	
As an authorised representative of an occupier of premises connected to a meter, I will obtain the prior written consent of the retail customer to access this service on their behalf. I will keep a current record of this written consent, and provide a copy of this to SA Power Networks as evidence of the obtained consent when requested.			
In order to complete your portal account registration, you must agree to our terms and conditions. These terms and conditions will be presented to you when you set your portal password.			
Signature of Authorised Rep	presentative		
- 			
Date:			

The privacy of our customers is important to SA Power Networks. The personal information supplied on this form will only be used in relation to processing your request, in accordance with our Privacy Policy. Please refer to our website for a copy of our Privacy Policy.

Return your scanned completed form to:

CustomerService@sapowernetworks.com.au

If you have any queries please contact our General Enquiries team on 13 12 61. You can view our web site at www.sapowernetworks.com.au