

Vulnerable Customer Registration Form

Your Details

Name

Address

Phone

Email

Energia Account No

Please tick the box that applies to you

- | | |
|---|---|
| <input type="checkbox"/> Aged 66 or over, living alone, with another vulnerable person or with minors | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Blind or Visually Impaired | <input type="checkbox"/> Deaf or Hearing Impaired |
| <input type="checkbox"/> Mobility Impaired | Critically dependent on medical equipment |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Life Support <input type="checkbox"/> Non Life Support |
| | <input type="checkbox"/> Other |

If 'Other' please specify:

If you are **critically dependent on medical equipment**, your information will be forwarded to ESB or Gas Networks Ireland. Please note we may need to ask you to provide medical evidence of your vulnerability.

- | | | |
|--|---|---|
| <input type="checkbox"/> Oxygen Concentrator | <input type="checkbox"/> Electric Hoist | <input type="checkbox"/> Electronic Pressure Relieving Mattress |
| <input type="checkbox"/> Personal Suction Pump | <input type="checkbox"/> Total Parental Nutrition Machine | <input type="checkbox"/> Household Lift |
| <input type="checkbox"/> Home Dialysis | <input type="checkbox"/> Ventilator | |
| <input type="checkbox"/> Peg Tube Feeding Pump | <input type="checkbox"/> Nebuliser | |

Services Required

- Braille bill Talking bill Large print bill

Redirecting Bills to a Carer

If you would like us to send your bills and other communications to a carer, relative or friend, please provide their details below.

Name

Address

Home Phone Mobile

Email

Signature

Date / /

If you have any queries about filling out this form, please call us on 0818 405 405.

Please return the completed form to: Energia, Freepost FDN5256, PO Box 12380, Dublin 2.